



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		<input type="text" value="111303.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="172569.54"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33355.49"/>	<input type="text" value="495847.62"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="205925.03"/>	<input type="text" value="607150.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19396.82"/>	<input type="text" value="420622.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="186528.21"/>	<input type="text" value="186528.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26758.43	308984.78
(ii) Unitemized .....	6595.00	179846.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33353.43	488830.78
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33353.43	488830.78
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.06	16.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33355.49	495847.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33355.49	495847.62

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	2096.82	25332.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2096.82	25332.74
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	386850.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	300.00	1940.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	300.00	1940.00
29. Other Disbursements .....	0	6500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19396.82	420622.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19396.82	420622.74

**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) .....	33353.43	488830.78
34. Total Contribution Refunds (from Line 28(d)) .....	300.00	1940.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33053.43	486890.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2096.82	25332.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2096.82	25332.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1600 Saint Julian Pl

City Columbia State SC Zip Code 29204-2408

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

Name of Employer Turbeville Insurance Agency, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53677**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 736 Johnson Ferry Rd Bldg C Ste 2

City Marietta State GA Zip Code 30068-4379

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53678**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20.00 Monthly)

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

Mailing Address 320 S Weber St

City Colorado Springs State CO Zip Code 80903-2153

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

Name of Employer Benefit Resources, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53679**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lori J. Alala**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2424

City State Zip Code  
Hickory NC 28603-2424

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

Name of Employer Occupation  
Carolina first Assoc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2011  
**Transaction ID : 12009-P53662**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Suzetta Alberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 201W. Fort Street, Mail Code 7969

City State Zip Code  
Detroit MI 48226

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

Name of Employer Occupation  
Comerica Insurance Services, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2011  
**Transaction ID : 12009-P53680**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address P.O. Box 3248

City State Zip Code  
Omaha NE 68180-0001

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

Name of Employer Occupation  
BlueCross BlueShield of Nebraska Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2011  
**Transaction ID : 12008-P53167**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kris Amen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6075 Poplar Ave Ste 221  
City Memphis State TN Zip Code 38119-0113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Humana Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53188**  
Amount of Each Receipt this Period 200.00  
Payroll Deduction (\$20.00 Monthly)

**B. Joanna Antongiovanni**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 795008  
City San Antonio State TX Zip Code 78279-5008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wortham Insurance & Risk Management Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53184**  
Amount of Each Receipt this Period 300.00  
Payroll Deduction (\$30.00 Monthly)

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

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53683**  
Amount of Each Receipt this Period 50.00  
Payroll Deduction (\$50.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Elizabeth Ashmore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6102 82nd St Ste 6  
City Lubbock State TX Zip Code 79424-0803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ashmore & Associates Insurance Agency Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2050.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53223**  
Amount of Each Receipt this Period **170.00**  
Payroll Deduction **(\$170.00 Monthly)**

**B. Ginger Ashton-Vernon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1900 Electric Rd  
City Salem State VA Zip Code 24153-7474  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lewis-Gale Medical Center Occupation Director of Provider Relations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53266**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction **(\$42.00 Monthly)**

**C. Kimberly Auclair**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6873 Raccoon Ct  
City Viera State FL Zip Code 32940-6869  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pineapple Financial Services, LLC Occupation Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53930**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction **(\$30.00 Monthly)**

**SUBTOTAL** of Receipts This Page (optional)..... **242.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Rick Bailey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4390 Earney Rd Ste 240  
City Woodstock State GA Zip Code 30188-5687  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rick Bailey & Company, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1795.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53931**  
Amount of Each Receipt this Period 135.00  
Payroll Deduction (\$135.00 Monthly)

**B. Andrea Baldrica**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 E Saint Vrain St Ste 12  
City Colorado Springs State CO Zip Code 80903-1161  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baldrica & Company Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 432.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53933**  
Amount of Each Receipt this Period 42.00  
Payroll Deduction (\$42.00 Monthly)

**C. Donald Balla**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 Grant St Ste 1320  
City Pittsburgh State PA Zip Code 15219-2233  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Simpson & McCrady LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53934**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 207.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Diane Barton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3401 NW 63rd St  
 City Oklahoma City State OK Zip Code 73116-3707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross Blue Shield of OK City Dues Occupation Account Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53361**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

**B. David Bauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1027 Tahoe Dr  
 City Belmont State CA Zip Code 94002-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bauer Financial Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53820**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Kathryn Beals**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1277 Deming Way  
 City Madison State WI Zip Code 53717-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dean Health Plan Occupation Director Group Retention  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1990.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53293**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction  
 (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>230.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Darrald Bean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3922 Rampart St  
City Boise State ID Zip Code 83704-4557  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bean Insurance Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53822**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Donald Beard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 229 Palomar St  
City Fayetteville State NC Zip Code 28314-1504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BMG Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53823**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**C. Saundra Beaty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2111 W Eldorado Pkwy Ste 100  
City McKinney State TX Zip Code 75070-7507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tate Financial Group Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53089**  
Amount of Each Receipt this Period **25.00**  
Payroll Deduction (\$25.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Debra Beaucoudray</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53825</b>
Mailing Address 5627 Superior Dr Ste A3		Amount of Each Receipt this Period 30.00
City Baton Rouge	State LA	Zip Code 70816-6089
FEC ID number of contributing federal political committee. C	Name of Employer Beaucoudray Medica Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Ann Bell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53190</b>
Mailing Address 2171 S Pebblecreek Ln		Amount of Each Receipt this Period 30.00
City Boise	State ID	Zip Code 83706-6123
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Jeffrey S. Bensman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53352</b>
Mailing Address 300 W Nokomis Ct		Amount of Each Receipt this Period 20.00
City Milwaukee	State WI	Zip Code 53217-2611
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction (\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bruce Benton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19528 Ventura Blvd # 596

City Tarzana	State CA	Zip Code 91356-2917
-----------------	-------------	------------------------

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

Name of Employer Genesis Financial & Insurance Services	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2165.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12008-P53237**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**B. Stephanie Berger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 79 E Daily Dr # 276

City Camarillo	State CA	Zip Code 93010-5807
-------------------	-------------	------------------------

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

Name of Employer HLS Insurance Services	Occupation Large Group Specialist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53829**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Lori Bergsma**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2612 E 4128 N

City Filer	State ID	Zip Code 83328-5167
---------------	-------------	------------------------

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

Name of Employer Balanced Rock Insurance Agency, Inc.	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53830**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David Berman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53187</b>
Mailing Address 6510 N Shadeland Ave		Amount of Each Receipt this Period 85.00
City Indianapolis	State IN	Zip Code 46220-4369
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Neace Lukens Holding Company, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.00	

Full Name (Last, First, Middle Initial) <b>B. Lynnda Berryhill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53273</b>
Mailing Address 12600 Arrowhead Dr		Amount of Each Receipt this Period 20.00
City Oklahoma City	State OK	Zip Code 73120-8825
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Monthly)
Name of Employer Bigbie, Hensley & Janway Insurance Ag	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Besselman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53832</b>
Mailing Address 6421 Perkins Rd Bldg A # 2B		Amount of Each Receipt this Period 250.00
City Baton Rouge	State LA	Zip Code 70808-6200
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$250.00 Monthly)
Name of Employer Besselman & Little Agency, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	355.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert Bishop**  
Full Name (Last, First, Middle Initial)

Mailing Address 2785 E Desert Inn Rd Ste 260

City Las Vegas State NV Zip Code 89121-3693

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

Name of Employer KIA Insurance Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53698**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**B. Bradford H. Blain**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4510

City Lexington State KY Zip Code 40544-4510

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

Name of Employer AI Torstrick Insurance Agency, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53701**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Russ Blakely**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11310

City Chattanooga State TN Zip Code 37401-2310

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

Name of Employer Russ Blakely & Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53702**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Chad Blankenburg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fairview Rd Ste 618  
 City Charlotte State NC Zip Code 28210-3113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cason Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **430.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53094**  
 Amount of Each Receipt this Period **40.00**  
 Payroll Deduction (\$40.00 Monthly)

**B. David M. Block**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1809  
 City Candler State NC Zip Code 28715-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Specialties, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53053**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Laura Blomgren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 E Woodfield Rd Ste 625  
 City Schaumburg State IL Zip Code 60173-5435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peridot Financial Group, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53704**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michele B. Bloom</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53108</b>
Mailing Address 4507 N Front St		Amount of Each Receipt this Period 30.42
City Harrisburg	State PA	Zip Code 17110-1786
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$30.42 Monthly)
Name of Employer Emerson, Reid & Co	Occupation manager-broker relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04	

Full Name (Last, First, Middle Initial) <b>B. Daniel Boaz</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53705</b>
Mailing Address 5565 Roberts Dr Ste 100		Amount of Each Receipt this Period 30.00
City Atlanta	State GA	Zip Code 30338-3350
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$30.00 Monthly)
Name of Employer HealthLife Group, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Andrea Bogard</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53060</b>
Mailing Address PO Box 38		Amount of Each Receipt this Period 20.00
City Jeffersonville	State IN	Zip Code 47131-0038
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$20.00 Monthly)
Name of Employer A. Bogard Insurance Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jocelyn Boland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Saint Julian Pl  
 City Columbia State SC Zip Code 29204-2408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Management Group, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53310**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

**B. Diane Borrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5448 Thornwood Dr Ste 200  
 City San Jose State CA Zip Code 95123-1225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Professionals Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53709**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. James Bosier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Main St  
 City Cedar Falls State IA Zip Code 50613-2949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Accel Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53711**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William Brannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Terrace Way Ste C  
City Greensboro State NC Zip Code 27403-3666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Group US, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53993**  
Amount of Each Receipt this Period **25.00**  
Payroll Deduction (\$25.00 Monthly)

**B. Carol Braswell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1125 Sanctuary Pkwy Ste 450  
City Alpharetta State GA Zip Code 30009-7614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Hartford Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53995**  
Amount of Each Receipt this Period **20.00**  
Payroll Deduction (\$20.00 Monthly)

**C. Joe Brining**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5718 E 101st Pl  
City Tulsa State OK Zip Code 74137-7078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Assurant Health Occupation Area Sales Mgr.  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **252.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53998**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **87.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Eleanor Brockhurst</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53999</b>
Mailing Address 1212 E Osborn Rd Ste 110		Amount of Each Receipt this Period 30.00
City Phoenix	State AZ	Zip Code 85014-5533
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Brockhurst & Associates, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Belinda Brooks</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53194</b>
Mailing Address PO Box 117		Amount of Each Receipt this Period 30.00
City Luckey	State OH	Zip Code 43443-0117
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Consumer Driven Concepts, L.L.C.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Jude Broussard</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P54000</b>
Mailing Address 2020 W Pinhook Rd Ste 301		Amount of Each Receipt this Period 30.00
City Lafayette	State LA	Zip Code 70508-3212
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer J. Broussard Benefits Group	Occupation Managing Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Karen Brown</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53162</b>
Mailing Address 4811 Gaillardia Pkwy Ste 300		Amount of Each Receipt this Period 30.00
City Oklahoma City	State OK	Zip Code 73142-1858
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$20.00 Monthly)
Name of Employer Maschino, Hudelson & Associates	Occupation Benefits Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. William Brown</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53315</b>
Mailing Address 2909 Four Corners Dr		Amount of Each Receipt this Period 20.00
City Grand Junction	State CO	Zip Code 81503-2977
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$20.00 Monthly)
Name of Employer William L. Brown Ins. Services, LLC	Occupation Special Project Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Brubaker</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53396</b>
Mailing Address 2700 E Main St Ste 205		Amount of Each Receipt this Period 30.00
City Bexley	State OH	Zip Code 43209-2536
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$30.00 Monthly)
Name of Employer The Brubaker Insurance Agencies Inc.	Occupation AGENT/OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1203 Colonial Cir

City Papillion State NE Zip Code 68046-6109

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

Name of Employer Buechler Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53397**

Amount of Each Receipt this Period **30.00**

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 6440 Wasatch Blvd Ste 150

City Salt Lake City State UT Zip Code 84121-3513

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

Name of Employer Buie Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12008-P53157**

Amount of Each Receipt this Period **50.00**

Payroll Deduction  
(\$50.00 Monthly)

**C. Lynn Bull**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3277

City Turlock State CA Zip Code 95381-3277

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

Name of Employer Winton-Ireland Insurance Agency, Inc. Occupation Benefits Dept. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53892**

Amount of Each Receipt this Period **30.00**

Payroll Deduction  
(\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **110.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Bullion</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53893</b>
Mailing Address 1006 Moonlit Way		Amount of Each Receipt this Period 30.00
City Folsom	State CA	Zip Code 95630-7506
FEC ID number of contributing federal political committee. C	Name of Employer Transamerica Worksite Marketing	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Jennifer Bundy-Cobb</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53261</b>
Mailing Address 3000 A St Ste 400		Amount of Each Receipt this Period 30.00
City Anchorage	State AK	Zip Code 99503-4040
FEC ID number of contributing federal political committee. C	Name of Employer The Wilson Agency, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Susan Burdette</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53052</b>
Mailing Address 7500 San Felipe St Ste 600		Amount of Each Receipt this Period 30.00
City Houston	State TX	Zip Code 77063-1790
FEC ID number of contributing federal political committee. C	Name of Employer SBH & Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Charles Bushkill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53800 Generations Dr  
 City South Bend State IN Zip Code 46635-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Healy Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53897**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Joseph Buyalos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9713 Key West Ave Ste 401  
 City Rockville State MD Zip Code 20850-3918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Insurance Exchange, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53900**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Tim Byrne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 8950  
 City Madison State WI Zip Code 53708-8950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. dba M3 Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53277**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Laurel Call</b>		Date of Receipt
Mailing Address 1823 Solitaire Ln		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mc Lean	VA	22101-4235
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12009-P53665</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NAHU	Lawyer	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="510.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Terry Caruthers</b>		Date of Receipt
Mailing Address 1121 Drewsbury Ct SE		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Smyrna	GA	30080-3953
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12009-P53812</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Stryker Insurance Services	Broker	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	(\$20.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Louie Cason</b>		Date of Receipt
Mailing Address PO Box 11229		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Columbia	SC	29211-1229
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12009-P53813</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
The Cason Group, Inc.	Broker	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1020.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lorelei Castellani</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53814</b>
Mailing Address PO Box 905		Amount of Each Receipt this Period 25.00
City Branchville	State NJ	Zip Code 07826-0905
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25.00 Monthly)
Name of Employer Benefit Guidance Systems	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mike Castleberry</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53816</b>
Mailing Address 506 Holly St		Amount of Each Receipt this Period 44.00
City Little Rock	State AR	Zip Code 72205-3932
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$44.00 Monthly)
Name of Employer HealthSCOPE Benefits	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.00	

Full Name (Last, First, Middle Initial) <b>C. Russell Childers</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53328</b>
Mailing Address PO Box 1547		Amount of Each Receipt this Period 95.00
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$95.00 Monthly)
Name of Employer Russ Childers, CLU	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	164.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jonathan Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 545 E 4500 S Ste E250  
City Salt Lake City State UT Zip Code 84107-2955  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Western Benefit Planners Insurance Se Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53833**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B. Steven Clement**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3010 Fenwood Trl  
City Roswell State GA Zip Code 30075-4199  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Reynolds, Clement & Company, LLC Occupation Senior Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53319**  
Amount of Each Receipt this Period 20.00  
Payroll Deduction (\$20.00 Monthly)

**C. Richard Coburn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Minor Ct  
City San Rafael State CA Zip Code 94903-3716  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Word and Brown Occupation Regional Sales Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53753**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dorothy Cociu</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53754</b>
Mailing Address PO Box 6677		Amount of Each Receipt this Period 85.00
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Advanced Benefit Consulting & Insuran	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) <b>B. Maggie Coley</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53083</b>
Mailing Address 29 Olde Gate Ct		Amount of Each Receipt this Period 30.00
City Pooler	State GA	Zip Code 31322-8281
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Coley Benefit Services, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. George Scott Condos</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53370</b>
Mailing Address 8860 S Tenaya Way		Amount of Each Receipt this Period 30.00
City Las Vegas	State NV	Zip Code 89113-5502
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Leavitt Insurance Agency	Occupation Charter Senior Financial Plann	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 15800 Crabbs Branch Way # 350

City Rockville State MD Zip Code 20855-2604

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

Name of Employer Independent Benefit Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53173**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 12421 Meredith Dr

City Urbandale State IA Zip Code 50398-3344

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

Name of Employer Marsh Global Consumer Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53312**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd Ste 400

City Novi State MI Zip Code 48375-5517

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

Name of Employer Health Care Administrators Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 655.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53758**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 700 Larkspur Landing Cir Ste 285

City Larkspur	State CA	Zip Code 94939-1755
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FEC ID number of contributing federal political committee. **C**

Name of Employer Copeland Insurance Services	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53759**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Mike Coppess**  
Full Name (Last, First, Middle Initial)

Mailing Address 3526 N. 163 Plaza

City Omaha	State NE	Zip Code 68116
---------------	-------------	-------------------

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

Name of Employer M. Coppess, Inc	Occupation Broker
-------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53760**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Steven Cosby**  
Full Name (Last, First, Middle Initial)

Mailing Address 53 S 3rd St Ste 220

City Warrenton	State VA	Zip Code 20186-3353
-------------------	-------------	------------------------

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

Name of Employer Cosby Insurance Group	Occupation President & CEO
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12014**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thomas Cottar**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 955

City Baytown State TX Zip Code 77522-0955

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

Name of Employer United Major Medical, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53674**

Amount of Each Receipt this Period 25.00

Payroll Deduction (\$25.00 Monthly)

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

Mailing Address 6701 North Broadway, Suite 310 Pa

City Oklahoma City State OK Zip Code 73116

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

Name of Employer Oden Roberts Rohrman Insurance Occupation Group Benefits Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53082**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 200 E Park Dr Ste 600

City Mount Laurel State NJ Zip Code 08054-1297

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

Name of Employer Corporate Synergies Group, Inc. Occupation VP & Lead Conosultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53676**

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Neil Crosby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1561 Berkshire Ct  
City San Marcos State CA Zip Code 92069-1182  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Warner Pacific Insurance Services Occupation Director of Sales  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53685**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**B. Reed Damron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5880 Live Oak Pkwy Ste 250  
City Norcross State GA Zip Code 30093-1740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HIRE Benefits, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53689**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

**C. John Davidson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Rolling Oaks Dr Ste 110  
City Thousand Oaks State CA Zip Code 91361-1003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53691**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kelly M. Davis</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53427</b>
Mailing Address 26 Lake Wire Dr		Amount of Each Receipt this Period 30.00
City Lakeland	State FL	Zip Code 33815-1510
FEC ID number of contributing federal political committee. C	Name of Employer OMS Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Sandra Davis</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53102</b>
Mailing Address PO Box 148		Amount of Each Receipt this Period 42.00
City Watson	State LA	Zip Code 70786-0148
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	
		Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Johnny Dawkins</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53428</b>
Mailing Address 921-C S McPherson Church Rd		Amount of Each Receipt this Period 142.00
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C	Name of Employer Ebenconcepts	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1461.00	
		Payroll Deduction (\$142.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	214.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Craig Dawson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 N A St Bldg 1 Ste 246  
 City Midland State TX Zip Code 79705-5421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Crawford & Dawson Benefits Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53429**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**B. Teresa DeBruin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 Live Oak Pkwy Ste 230  
 City Norcross State GA Zip Code 30093-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DeBruin Benefit Services, Inc./ The L Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53430**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Nathan Dee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Business Benefits, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P54004**  
 Amount of Each Receipt this Period 31.00  
 Payroll Deduction (\$31.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 123.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. James Deese</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53432</b>
Mailing Address 2811 Lenoir Dr		Amount of Each Receipt this Period 50.00
City Greensboro	State NC	Zip Code 27408-5212
FEC ID number of contributing federal political committee.	C	
Name of Employer Community Eye Care	Occupation Broker	Payroll Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. John DeGruttola</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53433</b>
Mailing Address 4417 Corporation Ln		Amount of Each Receipt this Period 30.00
City Virginia Beach	State VA	Zip Code 23462-3162
FEC ID number of contributing federal political committee.	C	
Name of Employer Optima Health	Occupation SVP Marketing & Sales	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Delisi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53331</b>
Mailing Address 475 Fallbrook Blvd		Amount of Each Receipt this Period 30.00
City Lincoln	State NE	Zip Code 68521-9033
FEC ID number of contributing federal political committee.	C	
Name of Employer Ameritas Life Insurance Group	Occupation Broker	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Marie DeWolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 1437 Denver Ave # 296

City Loveland State CO Zip Code 80538-5226

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

Name of Employer Marie DeWolf Insurance, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011

**Transaction ID : 12009-P53437**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

**B. Kathleen Dibble**  
Full Name (Last, First, Middle Initial)

Mailing Address 6303 Owensmouth Ave Ste 900

City Woodland Hills State CA Zip Code 91367-2261

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

Name of Employer Aetna Occupation Regional VP, Sales Western Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011

**Transaction ID : 12009-P53438**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction  
 (\$20.00 Monthly)

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

Mailing Address 1375 Piccard Dr

City Rockville State MD Zip Code 20850-4311

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2165.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011

**Transaction ID : 12009-P53401**

Amount of Each Receipt this Period  
 170.00

Payroll Deduction  
 (\$170.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Russell Dixon</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53402</b>
Mailing Address PO Box 285			Amount of Each Receipt this Period 27.00
City Geneva	State IL	Zip Code 60134-0285	Payroll Deduction (\$27.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Colonial Life	Occupation District Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

Full Name (Last, First, Middle Initial) <b>B. Steve Dodder</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53403</b>
Mailing Address PO Box 2069			Amount of Each Receipt this Period 85.00
City Monument	State CO	Zip Code 80132-2069	Payroll Deduction (\$85.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Assurant Health	Occupation Regional Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1195.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Dollins</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53271</b>
Mailing Address 4334 NW Expressway Ste 242			Amount of Each Receipt this Period 20.00
City Oklahoma City	State OK	Zip Code 73116-1516	Payroll Deduction (\$20.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Dollins & Company, Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Cynthia Doucet</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53205</b>
Mailing Address PO Box 91180		Amount of Each Receipt this Period 30.00
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee.	C	
Name of Employer Global Financial Resources, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Betty Doyle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53133</b>
Mailing Address 108 SE 3rd St Ste A		Amount of Each Receipt this Period 30.00
City Moore	State OK	Zip Code 73160-5208
FEC ID number of contributing federal political committee.	C	
Name of Employer Doyle Insurance Source	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Dana Drake</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53387</b>
Mailing Address 1401 E Sherman Ave		Amount of Each Receipt this Period 30.00
City Coeur D Alene	State ID	Zip Code 83814-4043
FEC ID number of contributing federal political committee.	C	
Name of Employer Schedler Mack Insurance, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4520 S National

City Springfield State MO Zip Code 65810

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

Name of Employer Mercy Health Plans Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
432.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53406**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Keith Duhon**

Mailing Address PO Box 80158

City Lafayette State LA Zip Code 70598-0158

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

Name of Employer The Family Insurance Center, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53122**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 9920 Kincey Ave Ste 120

City Huntersville State NC Zip Code 28078-2401

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

Name of Employer MPAY Inc Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
343.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53409**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tina Durand**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 61157

City Corpus Christi	State TX	Zip Code 78466-1157
------------------------	-------------	------------------------

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

Name of Employer Heaven & Associates Insurance	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
432.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12008-P53269**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**B. David Eblen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 112 S Liberty St Ste 221

City Jackson	State TN	Zip Code 38301-6367
-----------------	-------------	------------------------

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

Name of Employer The Eblen Agency/A Divison of IPSEO	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53412**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Wendy Ebner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Aaa Dr Ste 205

City Hamilton	State NJ	Zip Code 08691-1813
------------------	-------------	------------------------

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

Name of Employer Savoy Associates	Occupation Account Executive
--------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53413**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 26240 Wacker Dr

City Chesterfield State MI Zip Code 48051-3306

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53986**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Linda Erlenbach**

Mailing Address 36550 Chester Rd Apt 2301

City Avon State OH Zip Code 44011-4006

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

Name of Employer LM Erlenbach, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53278**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address PO Box 19

City Demotte State IN Zip Code 46310-0019

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

Name of Employer Financial Arts Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53989**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Valerie Fagen</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53990</b>
Mailing Address PO Box 19			Amount of Each Receipt this Period 41.67
City Demotte	State IN	Zip Code 46310-0019	Payroll Deduction (\$41.67 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 416.70	
Name of Employer Financial Arts, Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Nicole Fairbairn</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53991</b>
Mailing Address 2113 Dakota Dr			Amount of Each Receipt this Period 30.00
City Noblesville	State IN	Zip Code 46062-9075	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 535.00	
Name of Employer Creative Insurance Concepts, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dominick Fanuele</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53992</b>
Mailing Address 214 Little Falls Rd Fl 2			Amount of Each Receipt this Period 30.00
City Fairfield	State NJ	Zip Code 07004-2637	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer Fanuele Financial Group LLC	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Cheryl Farmer</b>		Date of Receipt
Mailing Address 5010 Carriage Dr		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Evansville	IN	47715-2570
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53398</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Health Resources Inc.	Regional Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1020.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Farrell</b>		Date of Receipt
Mailing Address 3800 N Central Ave Fl 9		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Phoenix	AZ	85012-1979
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53399</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	Payroll Deduction
Black, Gould & Associates	Sr. Account Executive	
Receipt For:	Aggregate Year-to-Date ▼	(\$40.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="470.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Filchock</b>		Date of Receipt
Mailing Address 26240 Wacker Dr		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Chesterfield	MI	48051-3306
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53414</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction
Comprehensive Benefit Solutions, LLC	Producer	
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="155.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sam Fiorentino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1521 Georgetown Rd Ste 310

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53415**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Jeffrey Fishback**  
Full Name (Last, First, Middle Initial)  
Mailing Address 736 Johnson Ferry Rd Bldg C Ste 2

City Marietta	State GA	Zip Code 30068-4379
------------------	-------------	------------------------

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

Name of Employer Purchasing Alliance Solutions, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53416**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C. Erin B. Fisher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 131 Courtland Ave Apt 6

City Stamford	State CT	Zip Code 06902-3443
------------------	-------------	------------------------

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

Name of Employer Find Medicare Plans	Occupation Partner
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
842.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53418**

Amount of Each Receipt this Period  
87.00

Payroll Deduction  
(\$87.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	202.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Robert Fitzgerald</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53419</b>
Mailing Address 2842 Landing Way		Amount of Each Receipt this Period 30.00
City Marietta	State GA	Zip Code 30066-2362
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Robert Fitzgerald Insurance Agency, I	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Fleming</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53420</b>
Mailing Address 105 Brascote Ln		Amount of Each Receipt this Period 20.00
City Wilmington	State NC	Zip Code 28412-0997
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$10.00 Monthly)
Name of Employer PRES	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Dennis Fletcher</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53421</b>
Mailing Address 2510 N Pines Rd Ste 205		Amount of Each Receipt this Period 30.00
City Spokane	State WA	Zip Code 99206-7636
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer The Fletcher Financial Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Wesley Foster</b>		Date of Receipt
Mailing Address 411 Copper Cir		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Argyle	TX	76226-7333
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12009-P53424</b>
BenefitMall TX	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Brenda N. Franklin</b>		Date of Receipt
Mailing Address 7915 N Hale Ave Ste D		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Peoria	IL	61615-2088
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12008-P53366</b>
OSF HealthPlans	Group Respresentative	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Robert Frazer</b>		Date of Receipt
Mailing Address PO Box 31788		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Charleston	SC	29417-1788
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12009-P53490</b>
The LTCi Advisor Group	President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Freeman</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53491</b>
Mailing Address 15206 John West Rd		Amount of Each Receipt this Period 30.00
City Gonzales	State LA	Zip Code 70737-7131
FEC ID number of contributing federal political committee. C	Name of Employer Trish Freeman Insurance Services	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Linda Friedrich</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53301</b>
Mailing Address 4435 O St		Amount of Each Receipt this Period 50.00
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C	Name of Employer UNICO Financial Services, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Kelly Fristoe</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53118</b>
Mailing Address 807 8th St Ste 300		Amount of Each Receipt this Period 30.00
City Wichita Falls	State TX	Zip Code 76301-3317
FEC ID number of contributing federal political committee. C	Name of Employer Financial Partners	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00	Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bruce Frizen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 Grayscroft Dr  
 City Waxhaw State NC Zip Code 28173-6678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Horizon Benefits Consultants, Inc  
 Occupation: Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 12 / 23 / 2011  
**Transaction ID : 12009-P53492**  
 Amount of Each Receipt this Period: 45.00  
 Payroll Deduction: (\$45.00 Monthly)

**B. Michelle Fuller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1976  
 City Hattiesburg State MS Zip Code 39403-1976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Stewart Sneed Hewes/BancorpSouth Insu  
 Occupation: Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1135.00

Date of Receipt: 12 / 23 / 2011  
**Transaction ID : 12009-P53495**  
 Amount of Each Receipt this Period: 30.00  
 Payroll Deduction: (\$30.00 Monthly)

**C. Joan Fusco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25B Hanover Rd Ste 220  
 City Florham Park State NJ Zip Code 07932-1443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Savoy Associates  
 Occupation: Director, Research & Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 23 / 2011  
**Transaction ID : 12008-P53263**  
 Amount of Each Receipt this Period: 30.00  
 Payroll Deduction: (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John Gaglione</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53497</b>
Mailing Address 905 Prairie St		Amount of Each Receipt this Period 300.00
City Aurora	State IL	Zip Code 60506-5419
FEC ID number of contributing federal political committee. C	Name of Employer GBSA	Occupation Owenr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Joan Galletta</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53666</b>
Mailing Address 3342 Kori Rd		Amount of Each Receipt this Period 85.00
City Jacksonville	State FL	Zip Code 32257-8883
FEC ID number of contributing federal political committee. C	Name of Employer JP Perry Insurance, Inc.	Occupation Producer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Hollie Gandy</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53064</b>
Mailing Address 2920 Duniven Cir Ste 2		Amount of Each Receipt this Period 30.00
City Amarillo	State TX	Zip Code 79109-1650
FEC ID number of contributing federal political committee. C	Name of Employer Senior Solutions Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 14010 Fnb Pkwy Ste 300

City Omaha State NE Zip Code 68154-5206

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

Name of Employer Harry A. Koch Co. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2011  
Transaction ID : 12008-P53304

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 9424 Double R Blvd

City Reno State NV Zip Code 89521-5977

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 12 / 23 / 2011  
Transaction ID : 12008-P53363

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

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

Mailing Address 1308 Murraywood Dr

City Columbia State SC Zip Code 29212-1159

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

Name of Employer Self Employed Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
Transaction ID : 12009-P53670

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 155.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Charles Gartlan</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53672</b>
Mailing Address PO Box 1268		Amount of Each Receipt this Period 100.00
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100.00 Monthly)
Name of Employer Emerson, Reid & Co.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. John Garven</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53673</b>
Mailing Address 11715 E Main St # PO # 8		Amount of Each Receipt this Period 30.00
City Huntley	State IL	Zip Code 60142-6913
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Benico, LTD	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Giardina</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53125</b>
Mailing Address 3838 N Causeway Blvd Ste 3400		Amount of Each Receipt this Period 30.00
City Metairie	State LA	Zip Code 70002-8322
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer MetLife	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. James Gibson</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53694</b>
Mailing Address 810 Dutch Square Blvd Ste 115		Amount of Each Receipt this Period 170.00
City Columbia	State SC	Zip Code 29210-7337
FEC ID number of contributing federal political committee. C	Name of Employer Gibson & Associates, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1870.00	
		Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Michael Gibson</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53693</b>
Mailing Address 810 Dutch Square Blvd Ste 115		Amount of Each Receipt this Period 85.00
City Columbia	State SC	Zip Code 29210-7337
FEC ID number of contributing federal political committee. C	Name of Employer Gibson & Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Richard Girdler</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53696</b>
Mailing Address 113 Seaboard Ln Ste C-170		Amount of Each Receipt this Period 85.00
City Franklin	State TN	Zip Code 37067-8281
FEC ID number of contributing federal political committee. C	Name of Employer Cowan Benefit Services	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	
		Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Patrice Goldfarb**  
Full Name (Last, First, Middle Initial)  
Mailing Address 442 Teaneck Rd  
City Ridgefield Park State NJ Zip Code 07660-1516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Employee Benefits Advisors Group Occupation Principal  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **660.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53713**  
Amount of Each Receipt this Period **60.00**  
Payroll Deduction (\$60.00 Monthly)

**B. Paul Goldman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26899 Northwestern Hwy Ste 104  
City Southfield State MI Zip Code 48033-8419  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rogers Benefit Group Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **341.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53715**  
Amount of Each Receipt this Period **31.00**  
Payroll Deduction (\$31.00 Monthly)

**C. Heather Gorman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3300 Battleground Ave Ste 320  
City Greensboro State NC Zip Code 27410-2491  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ebenconcepts Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53720**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **121.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Nancy Grasso**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3901 Westerre Pkwy Ste 300

City Richmond	State VA	Zip Code 23233-1304
------------------	-------------	------------------------

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

Name of Employer Strategic Employee Benefit Services	Occupation President
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53721**

Amount of Each Receipt this Period  
300.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Michael Gray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 233 S 13th St Ste 1650

City Lincoln	State NE	Zip Code 68508-2036
-----------------	-------------	------------------------

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

Name of Employer The Harry A. Koch Company	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12008-P53158**

Amount of Each Receipt this Period  
125.00

Payroll Deduction  
(\$125.00 Monthly)

**C. J. J. Green**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2121 N Webb Rd Ste 309

City Grand Island	State NE	Zip Code 68803-1751
----------------------	-------------	------------------------

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

Name of Employer Primark, Inc.	Occupation President
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53527**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Griffey</b>		Date of Receipt
Mailing Address 4404 Technology Dr		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
South Bend	IN	46628-9700
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53530</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Page 1 Benefits, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1020.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Robert Grundman</b>		Date of Receipt
Mailing Address 7412 Karl Dr		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lincoln	NE	68516-4368
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12008-P53178</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction
Senior Benefit Strategies	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Craig Gussin</b>		Date of Receipt
Mailing Address 4330 La Jolla Village Dr Ste 330		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
San Diego	CA	92122-6241
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53724</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="95.00"/>
Name of Employer	Occupation	Payroll Deduction
Auerbach & Gussin Insurance and Finan	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$95.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1010.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Antonio Gutierrez**

Mailing Address 12833 Riverdance Dr

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer Integrated Benefit Solutions, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53727**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 12833 Riverdance Dr

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer IBS/White Bear Group Occupation President/Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53726**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

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

City Columbia State SC Zip Code 29219-0001

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

Name of Employer BlueCross BlueShield of South Carolina Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12008-P53308**

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Alastair Haddow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7454 Cove Ter  
City Sarasota State FL Zip Code 34231-5422  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Florida Insurance Brokers, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53729**  
Amount of Each Receipt this Period **300.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Dwight Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6107 Hazelwood Ave  
City Indianapolis State IN Zip Code 46228-1316  
FEC ID number of contributing federal political committee. **C**  
Name of Employer D Hall & Associates Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53731**  
Amount of Each Receipt this Period **300.00**  
Payroll Deduction (\$30.00 Monthly)

**C. Joseph Hannah**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9414 Indianfield Dr  
City Mechanicsville State VA Zip Code 23116-5808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CIGNA Healthcare Occupation Account Executive  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53732**  
Amount of Each Receipt this Period **20.00**  
Payroll Deduction (\$20.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address I-20 East @ Alphine RD.AX-505

City Columbia	State SC	Zip Code 29219-0001
------------------	-------------	------------------------

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

Name of Employer BlueCross BlueShield of South Carolin	Occupation Vice President Major Group Sales
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53735**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Myrna Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Ridgefield Blvd Ste 215

City Asheville	State NC	Zip Code 28806-2292
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FEC ID number of contributing federal political committee. **C**

Name of Employer Crescent Preferred Provider Organizat	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53734**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 921-C S McPherson Church Rd

City Fayetteville	State NC	Zip Code 28303-5368
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ebenconcepts Company	Occupation Broker
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4920.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53738**

Amount of Each Receipt this Period  
410.00

Payroll Deduction  
(\$410.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Larry Harrison**  
Full Name (Last, First, Middle Initial)  
Mailing Address 724 S 9th St  
City Las Vegas State NV Zip Code 89101-7015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harrison Insurance Agency Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **365.04**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53737**  
Amount of Each Receipt this Period **30.42**  
Payroll Deduction (\$30.42 Monthly)

**B. Daniel Hart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4200 E Skelly Dr Ste 320  
City Tulsa State OK Zip Code 74135-3247  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Guardian Life Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53739**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**C. Gerald Hartman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5716  
City Boise State ID Zip Code 83705-0716  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Insurance Network America Inc Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53740**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **110.42**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Matthew Hatfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 Springfield Ave  
 City Fort Wayne State IN Zip Code 46805-1541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Sales Representative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **480.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53741**  
 Amount of Each Receipt this Period **40.00**  
 Payroll Deduction (\$40.00 Monthly)

**B. Leesa Hayes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9700 Ormsby Station Rd Ste 200  
 City Louisville State KY Zip Code 40223-4207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USI Insurance Occupation Account Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53255**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20.00 Monthly)

**C. Lori Headley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 14725  
 City Portland State OR Zip Code 97293-0725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthwise Insurance Planning Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53742**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Hedy Hebert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4816 Woodberry Ln  
 City Benton State LA Zip Code 71006-9361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Consulting Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53743**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Dan Heffley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 50031  
 City Henderson State NV Zip Code 89016-0031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Las Vegas Insurance Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **295.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53745**  
 Amount of Each Receipt this Period **10.00**  
 Payroll Deduction (\$10.00 Monthly)

**C. John Heinz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 W Higgins Rd Ste 1135  
 City Hoffman Estates State IL Zip Code 60169-7239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSource Benefits Consultants Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **395.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53748**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Caroline Hesseltn**  
Full Name (Last, First, Middle Initial)

Mailing Address 7272 Wurzbach Rd Ste 104

City San Antonio	State TX	Zip Code 78240-4802
---------------------	-------------	------------------------

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

Name of Employer ABC / Associated Benefit Consultants,	Occupation Employee Benefit Advisor
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12008-P53229**

Amount of Each Receipt this Period  
20.00

Payroll Deduction  
(\$20.00 Monthly)

**B. Jon Hicks**  
Full Name (Last, First, Middle Initial)

Mailing Address 3620 Mountainside Dr

City Colorado Springs	State CO	Zip Code 80918-5528
--------------------------	-------------	------------------------

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

Name of Employer Hicks Benefit Group	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53762**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 7305 Hancock Village Dr. #333

City Chesterfield	State VA	Zip Code 23832
----------------------	-------------	-------------------

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

Name of Employer Hicks And Associates	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53763**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Joshua Hilgers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1747 Reese St  
 City Homewood State AL Zip Code 35209-2517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Innovative Benefits Consulting Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53764**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. John Hinck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 McLaws Cir Ste 2  
 City Williamsburg State VA Zip Code 23185-5649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Centaurus Financial, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53766**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Scott Hinrichs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8859 Cincinnati Dayton Rd Ste 101  
 City West Chester State OH Zip Code 45069-3193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer L. A. Benefit Planning, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53767**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jimmy Hinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 28530  
City Macon State GA Zip Code 31221-8530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BB & T Insurance Services, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53214**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10.00 Monthly)

**B. James H Hissong**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8401 Widmer Rd  
City Lenexa State KS Zip Code 66215-5416  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jim Hissong Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53295**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**C. Patrick L. Hoefener**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1233 Lincoln Mall Ste 100  
City Lincoln State NE Zip Code 68508-2876  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Blue Cross Blue Shield of Nebraska Occupation Sr. Sales Executive  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 12 / 2011**  
**Transaction ID : 11982**  
Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **540.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Angela Hogan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1233 Lincoln Mall Ste 100

City Lincoln State NE Zip Code 68508-2876

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

Name of Employer BlueCross BlueShield of Nebraska Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53236**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address PO Box 89144

City Atlanta State GA Zip Code 30312-0144

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

Name of Employer Holcomb Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53770**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531-0698

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

Name of Employer Centralia General Agencies Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53348**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 168
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Al Hombroek</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53772</b>
Mailing Address 30 Lumpkin St Ste D		Amount of Each Receipt this Period 100.00
City Lawrenceville	State GA	Zip Code 30045-8410
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100.00 Monthly)
Name of Employer Multiple Benefits Corporation	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>B. Kymberly Hopwood</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53773</b>
Mailing Address 530 Water St Fl 7		Amount of Each Receipt this Period 85.00
City Oakland	State CA	Zip Code 94607-3524
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Dealey, Renton & Associates	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. Michelle Howard</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53774</b>
Mailing Address 2850 W Grand Blvd		Amount of Each Receipt this Period 42.00
City Detroit	State MI	Zip Code 48202-2643
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Health Alliance Plan	Occupation Director of Producer Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Connie Humbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Professional Center Dr Ste 106

City Rohnert Park State CA Zip Code 94928-2137

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

Name of Employer Connie R. Humbert Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53776**

Amount of Each Receipt this Period **30.00**

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 1029 Monarch St Ste 130

City Lexington State KY Zip Code 40513-1904

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

Name of Employer Employee Benefit Associates, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1515.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53777**

Amount of Each Receipt this Period **85.00**

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address PO Box 4824

City Jackson State MS Zip Code 39296-4824

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

Name of Employer Hunt Insurance Agency Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53321**

Amount of Each Receipt this Period **35.00**

Payroll Deduction  
(\$35.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Steven Israel</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53779</b>
Mailing Address 4204 Manor Forest Trl		Amount of Each Receipt this Period 30.00
City Boynton Beach	State FL	Zip Code 33436-8851
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer S. Florida Affiliated Health Insurers	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Jerry D. Jackson</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53573</b>
Mailing Address 1127 N North St Ste 3		Amount of Each Receipt this Period 30.00
City Peoria	State IL	Zip Code 61606-1918
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Jackson Financial Services	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Leah-Anne Janway</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53225</b>
Mailing Address PO Box 20626		Amount of Each Receipt this Period 30.00
City Oklahoma City	State OK	Zip Code 73156-0626
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Bigbie, Hensley & Janway Insurance Ag	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53576**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Julie Jennings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Faunce Corner Rd Bldg 100, Su  
 City Dartmouth State MA Zip Code 02747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Vice President, Employee Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53577**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. David S. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1482 Baron Ct  
 City Stone Mountain State GA Zip Code 30087-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David S. Johnson Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53780**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sandra Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12500 Network Blvd Ste 403

City San Antonio	State TX	Zip Code 78249-3310
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hairston, Johnson & Associates, PLLC	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53781**

Amount of Each Receipt this Period  
300.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Suzanne Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6235 Morrison Blvd Ste 302

City Charlotte	State NC	Zip Code 28211-3508
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FEC ID number of contributing federal political committee. **C**

Name of Employer Strategic Employee Benefit Services	Occupation Broker
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12008-P53371**

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$40.00 Monthly)

**C. Cynthia Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32110 Agoura Rd

City Westlake Village	State CA	Zip Code 91361-4026
--------------------------	-------------	------------------------

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

Name of Employer Warner Pacific Insurance Services	Occupation Vice President of Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53785**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Lawrence Kaczmarek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2633 State Route 59 Ste B  
 City State Zip Code  
 Ravenna OH 44266-1684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kaczmarek Ins. Services Agency, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 372.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53344**  
 Amount of Each Receipt this Period  
 31.00  
 Payroll Deduction  
 (\$31.00 Monthly)

**B. T. Darlene Kaczmarek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 345  
 City State Zip Code  
 Ravenna OH 44266-0345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kaczmarek Ins. Services Agency, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 372.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53143**  
 Amount of Each Receipt this Period  
 31.00  
 Payroll Deduction  
 (\$31.00 Monthly)

**C. Kristine Kassel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8631 S Priest Dr Ste 101  
 City State Zip Code  
 Tempe AZ 85284-1912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Benefits By Design, Inc. President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53374**  
 Amount of Each Receipt this Period  
 40.00  
 Payroll Deduction  
 (\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Jonathan Katz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Northpoint Glen Ct  
 City Herndon State VA Zip Code 20170-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Medical Plans Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53789**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. George Keeling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Drawer K-1630 507 Avenue G  
 City Levelland State TX Zip Code 79336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer George R. Keeling Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53180**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Dianne Kelley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7320 N La Cholla Blvd Ste 154-219  
 City Tucson State AZ Zip Code 85741-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sandbrook Benefits Group, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53156**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 424 Lewis Hargett Cir Ste 100

City Lexington State KY Zip Code 40503-3683

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

Name of Employer Northwestern Mutual Financial Network Occupation Employee Benefits Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53790**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 12485 28th St N Fl 2

City Saint Petersburg State FL Zip Code 33716-1825

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53792**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C. Tamara Kennedy**  
Full Name (Last, First, Middle Initial)

Mailing Address 7740 N 16th St Ste 375

City Phoenix State AZ Zip Code 85020-4481

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

Name of Employer Rogers Benefit Group, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2285.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53794**

Amount of Each Receipt this Period 200.00

Payroll Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 315.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dierdre Kennedy-Simington</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53795</b>
Mailing Address 3452 E Foothill Blvd Ste 514		Amount of Each Receipt this Period 30.00
City Pasadena State CA Zip Code 91107-3163	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Polenzani Benefits & Insurance Servic Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

Full Name (Last, First, Middle Initial) <b>B. Amber Williams Khalil</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53170</b>
Mailing Address 15 Gamecock Ave Ste A		Amount of Each Receipt this Period 30.00
City Charleston State SC Zip Code 29407-3381	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer David Gilston Insurance Agency Occupation Sales Representative	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00

Full Name (Last, First, Middle Initial) <b>C. John Kiebler</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53798</b>
Mailing Address 300 W Vine St Ste 1600		Amount of Each Receipt this Period 85.00
City Lexington State KY Zip Code 40507-1814	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Humana Occupation CHC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. William S. Killgore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 359 Main St Ste 2  
 City Grand Junction State CO Zip Code 81501-2465  
 Name of Employer Valley Financial Services, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53799**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Carolyn King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Country Ln  
 City Sussex State NJ Zip Code 07461-4630  
 Name of Employer New England Financial Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53800**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Laurie Kirkland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 10088  
 City Yakima State WA Zip Code 98909-1088  
 Name of Employer Conover Insurance, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53579**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Randy Klein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3555 Reserve Commons Dr  
 City Medina State OH Zip Code 44256-5900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dorman Farrell, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53580**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Lonnie Klene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14339 Torrey Chase Blvd Ste F  
 City Houston State TX Zip Code 77014-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Core Benefits Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53581**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. T. Brian Knauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 S Hoover Blvd Ste 208  
 City Tampa State FL Zip Code 33609-3533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Insurance Brokers, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53582**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6144 S Lewis Ave Ste 300

City Tulsa State OK Zip Code 74136-1063

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

Name of Employer Excelsior Benefits LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53586**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction  
 (\$20.00 Monthly)

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

Mailing Address 516 Shelley St

City Livermore State CA Zip Code 94550-2368

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

Name of Employer Herzog Insurance Agency Occupation Health Benefits Insurance Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53294**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 1501 Ingersoll Ave Ste 200

City Des Moines State IA Zip Code 50309-3102

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

Name of Employer Prisma Strategies Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53336**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction  
 (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 155.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mark Kolterman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 426  
 City Seward State NE Zip Code 68434-0426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kolterman Agency, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53802**  
 Amount of Each Receipt this Period 35.00  
 Payroll Deduction (\$35.00 Monthly)

**B. Suzanne Kolterman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 426  
 City Seward State NE Zip Code 68434-0426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kolterman Agency, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53373**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**C. Ross Kraft**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 231  
 City Rome State NY Zip Code 13442-0231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brown & Brown Insurance Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53804**  
 Amount of Each Receipt this Period 30.42  
 Payroll Deduction (\$30.42 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mary Kramer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2637 S 158th Plz Ste 200  
 City Omaha State NE Zip Code 68130-1769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Holmes Murphy and Associates, Inc. Occupation Senior Acct Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **490.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53302**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction  
 (\$42.00 Monthly)

**B. Linda Krueger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9528  
 City Pueblo State CO Zip Code 81008-9400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beta Health Association, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53208**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Daniel LaBroad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6315 Crested Butte Dr  
 City Dallas State TX Zip Code 75252-5764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ovation Health & Life Services, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53807**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert Lackey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1275 Boardman Poland Rd

City Poland State OH Zip Code 44514-3911

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

Name of Employer First Place Insurance Agency Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53808**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 569 Clyde Ave Ste 540 # 540

City Mountain View State CA Zip Code 94043-2257

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

Name of Employer Fallick Insurance Services Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12008-P53218**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 5880 Live Oak Pkwy Ste 230

City Norcross State GA Zip Code 30093-1740

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

Name of Employer The LaRocco Companies Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53835**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Ruthann Laswick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3800 N Central Ave Fl 9  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Black Gould & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53837**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**B. Jim Lawless**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 989 Governors Ln Ste 350  
 City Lexington State KY Zip Code 40513-1173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Advisors dba Lawless Insuranc Occupation Owner/Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53839**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Scott Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12988 W Paint Dr  
 City Boise State ID Zip Code 83713-1947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott Leavitt Insurance & Financial S Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53840**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Emma S Leigh</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53843</b>
Mailing Address 600 Townpark Ln NW Ste LL1000		Amount of Each Receipt this Period 50.00
City Kennesaw	State GA	Zip Code 30144-3729
FEC ID number of contributing federal political committee. C	Name of Employer Alliant Health Plans, Inc.	Occupation Government Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00	Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Karen Leonard</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53845</b>
Mailing Address PO Box 50		Amount of Each Receipt this Period 85.00
City Hackettstown	State NJ	Zip Code 07840-0050
FEC ID number of contributing federal political committee. C	Name of Employer Leonard Financial Group, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Larry Link</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53588</b>
Mailing Address 7100 N High St Ste 201		Amount of Each Receipt this Period 30.00
City Worthington	State OH	Zip Code 43085-2340
FEC ID number of contributing federal political committee. C	Name of Employer InsuranceLink Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Scott Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Oil Center Dr Ste 250  
 City Lafayette State LA Zip Code 70503-2459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Resource Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53849**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Sallie Loughlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 E Main St  
 City Salisbury State MD Zip Code 21801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53369**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Douglas Lubenow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 W Main St Ste 203  
 City Moorestown State NJ Zip Code 08057-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lubenow Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53289**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kate Ludwigson</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53853</b>
Mailing Address 4257 Southtown Dr		Amount of Each Receipt this Period 10.00
City Eau Claire	State WI	Zip Code 54701-2643
FEC ID number of contributing federal political committee.	C	
Name of Employer Spectrum Insurance Group	Occupation Broker	Payroll Deduction (\$10.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph Lunenschloss</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53855</b>
Mailing Address 1976 Willeo Creek Pt		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30068-1554
FEC ID number of contributing federal political committee.	C	
Name of Employer Digital Insurance, Inc.	Occupation Dir. Strategic Partnerships & Acquisi	Payroll Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Maurice Lyons</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53856</b>
Mailing Address 301 Madison Ave Fl 4		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee.	C	
Name of Employer The Medical Link, Inc.	Occupation President	Payroll Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3125.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Victoria A. Major-Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 540034  
 City State Zip Code  
 Lake Worth FL 33454-0034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VMB Solutions Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53070**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**B. Jim Malone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 616  
 City State Zip Code  
 Fayetteville TN 37334-0616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Malone Company President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53859**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Deborah Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1828 E Southeast Loop 323 Ste 200  
 City State Zip Code  
 Tyler TX 75701-8340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Feliciano Financial Group Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53864**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kimberly Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Black Mountain Ave  
 City Black Mountain State NC Zip Code 28711-3402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ebenconcepts Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53296**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

**B. Patricia Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13815 Starhill Ct  
 City Houston State TX Zip Code 77077-1117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53334**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

**C. Phyllis Martinsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1108 W Boise Ave Ste 100  
 City Boise State ID Zip Code 83706-3504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Byron Hyatt Erstad & Co Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53865**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Matthew Masone</b>		Date of Receipt MM / DD / YYYY 12 / 23 / 2011 <b>Transaction ID : 12009-P53867</b>
Mailing Address 6731 Columbia Gateway Dr Ste 210		Amount of Each Receipt this Period 45.00
City Columbia	State MD	Zip Code 21046-2165
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$45.00 Monthly)	
Name of Employer Lincoln Financial Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. Donald Mathern</b>		Date of Receipt MM / DD / YYYY 12 / 23 / 2011 <b>Transaction ID : 12009-P53869</b>
Mailing Address 7650 Cherrywood Dr		Amount of Each Receipt this Period 30.00
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Insurance Specialists	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Matznick</b>		Date of Receipt MM / DD / YYYY 12 / 23 / 2011 <b>Transaction ID : 12008-P53245</b>
Mailing Address PO Box 38905		Amount of Each Receipt this Period 42.00
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer North Carolina AHU	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael Matznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 Battleground Ave Ste 320  
 City Greensboro State NC Zip Code 27410-2491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EbenConcepts Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53870**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction (\$100.00 Monthly)

**B. Rebecca McCabe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address UnitedHealthcare 1001 Winstead Dr  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealthcare Occupation Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53593**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Lynn McCarter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 710571  
 City Santee State CA Zip Code 92072-0571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53595**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Barbara McClaskey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1965 Pine St

City Redding State CA Zip Code 96001-1921

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

Name of Employer Barbara A. McClaskey Insurance Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53596**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 805

City West Chester State OH Zip Code 45071-0805

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

Name of Employer JRM & Associates Agency, Inc Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53597**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

**C. H. McDermott**  
Full Name (Last, First, Middle Initial)

Mailing Address 883 Baxter Dr

City South Jordan State UT Zip Code 84095-8506

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

Name of Employer McDermott Company & Associates Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 12009-P53599**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **110.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kelsey McElveen**  
Full Name (Last, First, Middle Initial)

Mailing Address 9920 Kincey Ave Ste 120

City State Zip Code  
Huntersville NC 28078-2401

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

Name of Employer Occupation  
MPAY, Inc. General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53872**

Amount of Each Receipt this Period  
10.00

Payroll Deduction  
(\$10.00 Monthly)

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

Mailing Address 6125 Havelock Ave

City State Zip Code  
Lincoln NE 68507-1234

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

Name of Employer Occupation  
Les McGerr & Company Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53873**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Susan McGinnis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8516 E 101st St Ste H

City State Zip Code  
Tulsa OK 74133-7035

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

Name of Employer Occupation  
BenEx Insurance Agency Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1660.00

Date of Receipt  
12 / 21 / 2011  
**Transaction ID : 12006**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Susan McGinnis</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53050</b>
Mailing Address 8516 E 101st St Ste H		Amount of Each Receipt this Period 30.00
City Tulsa	State OK	Zip Code 74133-7035
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer BenEx Insurance Agency	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1690.00	

Full Name (Last, First, Middle Initial) <b>B. Ward McKalson</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53875</b>
Mailing Address 532 Pajaro St		Amount of Each Receipt this Period 85.00
City Salinas	State CA	Zip Code 93901-3346
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Leavitt Central Coast Insurance Servi	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel McMahon</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53877</b>
Mailing Address 501 N Riverpoint Blvd Ste. 403		Amount of Each Receipt this Period 85.00
City Spokane	State WA	Zip Code 99202-1649
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Western States Jones & Mitchell	Occupation Benefits Producer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Keith H. McNeil**  
Full Name (Last, First, Middle Initial)

Mailing Address 7200 Redwood Blvd Ste 400

City	State	Zip Code
Novato	CA	94945-3249

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

Name of Employer	Occupation
Elite Brokerage Services, Inc.	Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53636**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**B. Eloise Meardith**  
Full Name (Last, First, Middle Initial)

Mailing Address 2347 Sumac Dr

City	State	Zip Code
Augusta	GA	30906-5503

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

Name of Employer	Occupation
Health Insurance Services (H.I.S.) by	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53878**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Mary M. Mengason**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 E. Main Street

City	State	Zip Code
Salisbury	MD	21802

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

Name of Employer	Occupation
Avery Hall Benefit Solutions, Inc.	Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53881**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Griffin L. Meredith</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53519</b>
Mailing Address 2518 Wendell Ave		Amount of Each Receipt this Period 850.00
City Louisville	State KY	Zip Code 40205-3012
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer FSAB Benefits	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. Norman Michaels</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53882</b>
Mailing Address 80 Business Park Dr Ste 306		Amount of Each Receipt this Period 250.00
City Armonk	State NY	Zip Code 10504-1705
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$250.00 Monthly)
Name of Employer Michaels & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Glendae Mitchell</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53388</b>
Mailing Address 736 Old Greenville Rd		Amount of Each Receipt this Period 25.00
City Fayetteville	State GA	Zip Code 30215-5935
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25.00 Monthly)
Name of Employer Benevestco, Inc.	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Mobley</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53136</b>
Mailing Address 5454 I 55 N # B		Amount of Each Receipt this Period 50.00
City Jackson	State MS	Zip Code 39211-4027
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer Mobley Insurance Agency, LLC	Occupation Office Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Sandra Mobley</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53192</b>
Mailing Address 137 Executive Dr Ste D		Amount of Each Receipt this Period 50.00
City Madison	State MS	Zip Code 39110-8456
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer Mobley Insurance Agency LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. David Moore</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53165</b>
Mailing Address PO Box 1006		Amount of Each Receipt this Period 85.00
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer David R. Moore, CLU & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Julia Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 9208 Clinton Anderson Dr NW

City Albuquerque State NM Zip Code 87114-5317

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

Name of Employer J. Moore Insurance Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53602**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address 1644 Plank Rd

City Duncansville State PA Zip Code 16635

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

Name of Employer L. R. Webber Associates, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53603**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

**C. Wesley Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 604

City Darlington State SC Zip Code 29540-0604

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

Name of Employer Moore Insurance Agency, LLC Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53253**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Todd Morrow</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53885</b>
Mailing Address 1173 Brittmooore Rd			Amount of Each Receipt this Period 42.00
City Houston	State TX	Zip Code 77043-5003	Payroll Deduction (\$42.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 432.00	
Name of Employer Benefit Concepts	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Joseph C. Moss</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53886</b>
Mailing Address 8002 Discovery Dr Rm 200			Amount of Each Receipt this Period 20.00
City Richmond	State VA	Zip Code 23229-8601	Payroll Deduction (\$10.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 315.00	
Name of Employer M&T Bank	Occupation HSA Sales Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mark A. Muckensturm</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53887</b>
Mailing Address 230 S Bemiston Ave # 900			Amount of Each Receipt this Period 10.00
City Saint Louis	State MO	Zip Code 63105-1907	Payroll Deduction (\$10.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 530.00	
Name of Employer MRCT Benefits Plus	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Glen Mulready**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5314 S Yale Ave Ste 601  
City Tulsa State OK Zip Code 74135-6273  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Plan Strategies Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53888**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Ray Musser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 404 N 2nd Ave Ste B  
City Upland State CA Zip Code 91786-4793  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Plan Strategies Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53890**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

**C. Joshua Nace**  
Full Name (Last, First, Middle Initial)  
Mailing Address 936 N 34th St Ste 208  
City Seattle State WA Zip Code 98103-8869  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Plan Strategies Occupation Vice President Sales & Service  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53298**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Zak Nahmoulis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53907</b>
Mailing Address 9008 Rubio Ave		Amount of Each Receipt this Period 30.00
City North Hills	State CA	Zip Code 91343-4029
FEC ID number of contributing federal political committee.	C	
Name of Employer EIS Financial & Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Katrina Nash</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53132</b>
Mailing Address 6812 Rivergate Ln		Amount of Each Receipt this Period 30.00
City Oklahoma City	State OK	Zip Code 73132-3905
FEC ID number of contributing federal political committee.	C	
Name of Employer Gallagher Benefit Services, Inc	Occupation Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Penny Nikel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53909</b>
Mailing Address 917 S Main St Ste 200		Amount of Each Receipt this Period 20.00
City Longmont	State CO	Zip Code 80501-6400
FEC ID number of contributing federal political committee.	C	
Name of Employer Nikel Insurance Associates LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
		Payroll Deduction (\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. B. Ronnell Nolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 65128  
 City Baton Rouge State LA Zip Code 70896-5128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Nolan Group Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53222**  
 Amount of Each Receipt this Period **420.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Michael Norris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 999  
 City Franklin State NC Zip Code 28744-0999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Wayah Agency, Inc. Occupation Agent / Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53323**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Pamela Nygaard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1014 4th St W  
 City Kirkland State WA Zip Code 98033-5337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectera Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53115**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Terri Olson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53219</b>
Mailing Address PO Box 21479		Amount of Each Receipt this Period 690.00
City Keizer	State OR	Zip Code 97307-1479
FEC ID number of contributing federal political committee. C	Name of Employer Olson Insurance	Occupation Independent Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
		Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Mike Osborne</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53608</b>
Mailing Address 1308 Woodmanor Dr		Amount of Each Receipt this Period 25.00
City Raleigh	State NC	Zip Code 27614-9055
FEC ID number of contributing federal political committee. C	Name of Employer Osborne Insurance Services, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Tiffany Otis-Albert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53609</b>
Mailing Address 27000 W. 11 Mile Road Mail Code B		Amount of Each Receipt this Period 42.00
City Southfield	State MI	Zip Code 48034
FEC ID number of contributing federal political committee. C	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director, External Sales Distribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
		Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. John Parker</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address 47 Laurel Hill Dr		<b>Transaction ID : 12008-P53391</b>
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Parker Agency	Occupation Principal	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	(\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Jesse Patton</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address 1112 Maple St		<b>Transaction ID : 12009-P53915</b>
City West Des Moines	State IA	Zip Code 50265-4420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Associations Marketing Group, Inc.	Occupation CEO/President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	(\$350.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Jennifer Pender</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address 1635 Mount McKinley Dr		<b>Transaction ID : 12008-P53181</b>
City Grayson	State GA	Zip Code 30017-2980
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Pender & Associates	Occupation Broker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 21600 Oxnard St Fl 8

City Woodland Hills State CA Zip Code 91367-4904

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1120.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53917**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Kenneth G. Penn**  
Full Name (Last, First, Middle Initial)

Mailing Address 218 North St

City Portsmouth State VA Zip Code 23704-2602

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

Name of Employer ChamberSolutions Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53516**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Carol Pennington**  
Full Name (Last, First, Middle Initial)

Mailing Address 4640 Woodbridge Dr

City Kernersville State NC Zip Code 27284-8850

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

Name of Employer Pennington Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53921**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Susan Pittman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32418 51st Ave SW  
City Federal Way State WA Zip Code 98023-1936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Insure NW Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53357**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**B. Tom Polenzani**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3452 E Foothill Blvd Ste 514  
City Pasadena State CA Zip Code 91107-3163  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2165.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53610**  
Amount of Each Receipt this Period **170.00**  
Payroll Deduction (\$170.00 Monthly)

**C. Angela Potts-Bopp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1323 Highway 2 Ste 300  
City Sandpoint State ID Zip Code 83864-2700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Summit Insurance Resource Group Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53385**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. D. Michael Pressley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 139  
 City Nashville State TN Zip Code 37202-0139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BB&T Insurance Services, Inc. Occupation EB Officer II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53077**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. John G. Prue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12713 S Edinburgh St  
 City Olathe State KS Zip Code 66062-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Humana, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53120**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**C. Connie Puett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 E Parkcenter Blvd # 100  
 City Boise State ID Zip Code 83706-6500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PacificSource Health Plans Occupation Marketing & Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 29 / 2011**  
**Transaction ID : 12013**  
 Amount of Each Receipt this Period **195.00**

**SUBTOTAL** of Receipts This Page (optional)..... **310.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 168
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jon C Rauser**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Wisconsin Ave Ste 200

City Milwaukee	State WI	Zip Code 53202-4499
-------------------	-------------	------------------------

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

Name of Employer The Rauser Agency, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53943**

Amount of Each Receipt this Period  
250.00

Payroll Deduction  
(\$250.00 Monthly)

**B. Kenneth Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 14207

City Jackson	State MS	Zip Code 39236-4207
-----------------	-------------	------------------------

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

Name of Employer Stewart Sneed Hewes/BancorpSouth Insu	Occupation Sr VP Employee Benefits
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 11976**

Amount of Each Receipt this Period  
500.00

**C. Kenneth Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 14207

City Jackson	State MS	Zip Code 39236-4207
-----------------	-------------	------------------------

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

Name of Employer Stewart Sneed Hewes/BancorpSouth Insu	Occupation Sr VP Employee Benefits
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
942.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53944**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	792.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Recker</b>		Date of Receipt
Mailing Address 971 N Perry St		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Ottawa	OH	45875-1218
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12008-P53355</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction
Fawcett, Lammon, Recker & Associates	Registered Representative	
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="535.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Reddy</b>		Date of Receipt
Mailing Address 13800 Jackson Rd		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mishawaka	IN	46544-9195
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53945</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Keystone Insurers Group	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="850.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ruppert Reinstadler</b>		Date of Receipt
Mailing Address 6443 SW Beaverton Hillsdale Hwy S		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Portland	OR	97221-4230
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53950</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	Payroll Deduction
Coordinated Resources Group	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$25.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Patrick Reuszer</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53657</b>
Mailing Address 312 Elm Sreet		Amount of Each Receipt this Period 50.00
City Cincinnati State OH Zip Code 45202	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
Name of Employer Assurant Employee Benefits	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Emily Rhoades</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53954</b>
Mailing Address 108 E Street Vrain, Ate 12		Amount of Each Receipt this Period 30.00
City Colorado Springs State CO Zip Code 80903	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Baldrice & Company	Occupation Individual Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. R Dane Rianhard</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53955</b>
Mailing Address 1 E Pratt St Unit 902		Amount of Each Receipt this Period 85.00
City Baltimore State MD Zip Code 21202-1128	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer FranklinMorris	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lori Rice**  
Full Name (Last, First, Middle Initial)

Mailing Address 1221 S Main St Ste 208

City Boerne State TX Zip Code 78006-2836

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

Name of Employer Wells Fargo Insurance Services USA, I Occupation Sales Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53956**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**B. Russell L Rice**  
Full Name (Last, First, Middle Initial)

Mailing Address 8000 W Interstate 10 # 715

City San Antonio State TX Zip Code 78230-3802

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

Name of Employer AVESIS, Inc. Occupation Regional Vice President of Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53957**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 736 Johnson Ferry Rd Bldg C Ste 2

City Marietta State GA Zip Code 30068-4379

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53959**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Susan Rider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 N Capitol Ave Ste 400  
 City Indianapolis State IN Zip Code 46202-2375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gregory & Appel Insurance Occupation Senior Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53960**  
 Amount of Each Receipt this Period 72.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Elizabeth Rios-Carl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 Executive Blvd #205  
 City El Paso State TX Zip Code 79902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Employee Benefits VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53210**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**C. John Rippinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 E Woodfield Rd Ste 110E  
 City Schaumburg State IL Zip Code 60173-4945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rippinger Financial Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53268**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael Rivera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12200 Northwest Fwy Ste 662  
 City Houston State TX Zip Code 77092-4927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest General Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1145.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53965**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Sharon Robbins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 530  
 City Asheville State NC Zip Code 28802-0530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Service of Asheville Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53380**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Joseph Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 S 82nd St Ste B  
 City Lincoln State NE Zip Code 68516-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Financial Benefits Occupation Registered Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53232**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. William Robinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 739 E Jackson St  
City Martinsville State IN Zip Code 46151-2033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NewDay! Marketing Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53967**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B. William Robinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1775 E Palm Canyon Dr Ste 110 # 2  
City Palm Springs State CA Zip Code 92264-1623  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Palm Canyon Insurance Agency Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1145.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53227**  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C. Kirk Rouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 71628  
City Albany State GA Zip Code 31708-1628  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Doherty, Duggan & Rouse Insurors, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 330.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53970**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Eugene Rowe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53240</b>
Mailing Address 16000 Ventura Blvd		Amount of Each Receipt this Period 30.00
City Encino State CA Zip Code 91436-2744	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer R & R Retirement and Insurance Servic Occupation Broker	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Donna Rudner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53972</b>
Mailing Address 4665 Ivygate Cir SE		Amount of Each Receipt this Period 30.00
City Smyrna State GA Zip Code 30080-6632	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Employer Relief, Inc. Occupation President	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gene Ruecker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53973</b>
Mailing Address 7700 E Doheny Ct Ste 200		Amount of Each Receipt this Period 20.00
City Anaheim State CA Zip Code 92808-2100	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Monthly)
Name of Employer Ruecker & Ruecker Insurance Occupation Broker	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Francis Ruggiero**

Mailing Address 15 Kennedy Dr

City Budd Lake State NJ Zip Code 07828-1438

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

Name of Employer Slattery GA a division of Bollinger Occupation Director of Broker Education

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53974**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Barrie H. Ruland**

Mailing Address PO Box 9966

City Savannah State GA Zip Code 31412-0166

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

Name of Employer HRH Company of Savannah Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53975**

Amount of Each Receipt this Period  
20.00

Payroll Deduction  
(\$20.00 Monthly)

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

Mailing Address 1A Spruce Hill Rd

City Burlington State MA Zip Code 01803-4012

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

Name of Employer BenefitsMart Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53976**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Gregory Sailer</b>		Date of Receipt
Mailing Address 8623 Eagle Point Blvd		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lake Elmo	MN	55042-8628
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53978</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Sailer Benefit Services, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1020.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stephen Salamon</b>		Date of Receipt
Mailing Address 12 Cherrywood Ct		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Hunt Valley	MD	21030-1930
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53979</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Landmark Insurance & Financial Group	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1145.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Raymer Sale</b>		Date of Receipt
Mailing Address 1735 N Brown Rd Ste 175		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lawrenceville	GA	30043-8153
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12009-P53980</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	Payroll Deduction
E2E Benefits Services, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$150.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1925.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="320.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Rose Sandoval**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Main St Ste 340

City Stoneham	State MA	Zip Code 02180-3336
------------------	-------------	------------------------

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

Name of Employer Benefit Strategy Partners, LLC	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53982**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**B. Gregory Schell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13551 Triton Park Blvd Ste 1000

City Louisville	State KY	Zip Code 40223-4196
--------------------	-------------	------------------------

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

Name of Employer Arison Insurance services, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53983**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C. Al Schiebel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 Sandy Springs PI NE # 300A

City Atlanta	State GA	Zip Code 30328-3854
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53439**

Amount of Each Receipt this Period  
45.00

Payroll Deduction  
(\$45.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mel Schlesinger</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53440</b>
Mailing Address PO Box 21533		Amount of Each Receipt this Period 170.00
City Winston Salem	State NC	Zip Code 27120-1533
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00	
		Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Chad Schneider</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53442</b>
Mailing Address 4238 N Limberlost Pl		Amount of Each Receipt this Period 42.00
City Tucson	State AZ	Zip Code 85705-1626
FEC ID number of contributing federal political committee. C	Name of Employer AFLAC	Occupation Broker Development Coordinator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	
		Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. John Schneider</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53367</b>
Mailing Address 4300 Sidco Dr Ste 200		Amount of Each Receipt this Period 30.00
City Nashville	State TN	Zip Code 37204-4537
FEC ID number of contributing federal political committee. C	Name of Employer Colonial Life	Occupation General Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Schrade</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53444</b>
Mailing Address 8 Granite PI Ste 34		Amount of Each Receipt this Period 30.00
City Gaithersburg	State MD	Zip Code 20878-6570
FEC ID number of contributing federal political committee.	C	
Name of Employer Blue Kamen Benefits, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Denise Schroeder</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53445</b>
Mailing Address 474 E Camino Rancho Cielo		Amount of Each Receipt this Period 30.00
City Sahuarita	State AZ	Zip Code 85629-8962
FEC ID number of contributing federal political committee.	C	
Name of Employer Cigna	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Alan Schulman</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53522</b>
Mailing Address 2003 Little Haven Ct		Amount of Each Receipt this Period 85.00
City Olney	State MD	Zip Code 20832-1634
FEC ID number of contributing federal political committee.	C	
Name of Employer Insurance Benefits & Advisors	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	
		Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. B. Kay Schweiger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9401 Indian Creek Pkwy  
 City Shawnee Mission State KS Zip Code 66210-2007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Trustmark Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53655**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. John Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11000 Milestone Dr  
 City Mechanicsville State VA Zip Code 23116-5846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53250**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20.00 Monthly)

**C. Nicole Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6200 Northwest Pkwy  
 City San Antonio State TX Zip Code 78249-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Healthcare Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53448**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ron Segal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23901 Calabasas Rd Ste 1021  
 City Calabasas State CA Zip Code 91302-3390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ron Segal Insurance Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **720.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53617**  
 Amount of Each Receipt this Period  
 60.00  
 Payroll Deduction  
 (\$60.00 Monthly)

**B. Ronald Seibel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 317  
 City Driftwood State TX Zip Code 78619-0317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Benefits Solutions Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53618**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Gregory Seifert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 189  
 City Vancouver State WA Zip Code 98666-0189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Biggs Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2080.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53619**  
 Amount of Each Receipt this Period  
 170.00  
 Payroll Deduction  
 (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ralph Seiler**  
Full Name (Last, First, Middle Initial)

Mailing Address 948 Hawthorn Rd

City Allentown State PA Zip Code 18103-4678

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

Name of Employer R. Steve Seiler Insurance, LCC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53620**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

**B. Bruce J. Setlik**  
Full Name (Last, First, Middle Initial)

Mailing Address 17808 Harney St

City Omaha State NE Zip Code 68118-3500

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

Name of Employer American Community Mutual, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53146**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address 231 Chestnut St Ste 410

City Meadville State PA Zip Code 16335-3458

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

Name of Employer The DJB Group, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53623**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kathryn A. Sexton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 Tumbleweed Rd  
 City Yukon State OK Zip Code 73099-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Solutions Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2011  
**Transaction ID : 12002**  
 Amount of Each Receipt this Period  
 500.00

**B. Thomas L. Sexton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 Tumbleweed Rd  
 City Yukon State OK Zip Code 73099-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Solutions Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2011  
**Transaction ID : 12001**  
 Amount of Each Receipt this Period  
 500.00

**C. Stuart Shapiro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 587  
 City Wheeling State IL Zip Code 60090-0587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Healthcare/SecureHorizons Occupation Regional Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53303**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction  
 (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1020.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jon Sharp</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53624</b>
Mailing Address PO Box 1000		Amount of Each Receipt this Period 30.00
City Voorhees	State NJ	Zip Code 08043-0900
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Hardenbergh Insurance Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Douglas Sheffer</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53625</b>
Mailing Address 110 International Way		Amount of Each Receipt this Period 30.00
City Springfield	State OR	Zip Code 97477-1034
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer PacificSource Health Plans	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Sheffield</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53626</b>
Mailing Address 7134 Market St Ste 10		Amount of Each Receipt this Period 30.00
City Wilmington	State NC	Zip Code 28411-9722
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer A-Sheffield Insurance Agency, Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Sherlin</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12008-P53110</b>
Mailing Address 800 Fairview Rd Ste 112		Amount of Each Receipt this Period 42.00
City Asheville	State NC	Zip Code 28803-1028
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Keystone Financial & Benefit Resources	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

Full Name (Last, First, Middle Initial) <b>B. David Sherrill</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53452</b>
Mailing Address 407 Center Pointe Cir Ste 1637		Amount of Each Receipt this Period 30.00
City Altamonte Springs	State FL	Zip Code 32701-3446
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Sherrill Insurance Brokerage, Inc.	Occupation Vice President/Life & LTC Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Sherrod</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53453</b>
Mailing Address 5800 Granite Pkwy Ste 700		Amount of Each Receipt this Period 30.00
City Plano	State TX	Zip Code 75024-6612
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer United Healthcare Group	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Thomas Shores**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8596 W Bolsa St  
 City Boise State ID Zip Code 83709-5196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer T.A. Shores Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **372.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53455**  
 Amount of Each Receipt this Period **31.00**  
 Payroll Deduction (\$31.00 Monthly)

**B. Eileen Shrem**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 McCabe Ave Apt C1  
 City Bradley Beach State NJ Zip Code 07720-1465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Independent Insurance Planner Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53456**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Robert Sichmeller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 High Street, #200  
 City Moorpark State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sichmeller Insurance and Financial So Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **425.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53457**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **146.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53458**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Anya Simpson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Newtown Rd Ste 5  
 City Norfolk State VA Zip Code 23502-3925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Plans, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53459**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Douglas Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1277  
 City Bloomington State IN Zip Code 47402-1277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hoosier Dental Plans Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53462**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 131 OF 168  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Roger W. Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6612 E 75th St Ste 100  
 City Indianapolis State IN Zip Code 46250-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IHC Health Solutions Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53196**  
 Amount of Each Receipt this Period 30.50  
 Payroll Deduction (\$30.50 Monthly)

**B. Amy Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 14207  
 City Jackson State MS Zip Code 39236-4207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stewart Sneed Hewes/Bancorp South Ins. Occupation Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53472**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. David Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1012 Alemany Street  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ebenconcepts Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1970.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53473**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Frank Smith</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53466</b>
Mailing Address PO Box 1559			Amount of Each Receipt this Period 85.00
City Wheaton	State IL	Zip Code 60187-1559	Payroll Deduction (\$85.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 340.00	
Name of Employer Business Insurance Underwriters, Inc.	Occupation Senior Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gregory Smith</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53468</b>
Mailing Address PO Box 370			Amount of Each Receipt this Period 30.00
City Lincoln	State IL	Zip Code 62656-0370	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 295.00	
Name of Employer Group Marketing Services Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Kevin Smith</b>			Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53469</b>
Mailing Address 800 Old Campus Trl NE			Amount of Each Receipt this Period 30.00
City Atlanta	State GA	Zip Code 30328-1051	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer KSA Insurance Agency	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Patti Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53249</b>
Mailing Address 525 Kirkland Way		Amount of Each Receipt this Period 20.00
City Kirkland	State WA	Zip Code 98033-6219
FEC ID number of contributing federal political committee. C	Name of Employer P Smith Insurance Services	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Paul Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53471</b>
Mailing Address 100 Queen St		Amount of Each Receipt this Period 125.00
City Southington	State CT	Zip Code 06489-2052
FEC ID number of contributing federal political committee. C	Name of Employer AmeriBen Alliance, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1013.00	
		Payroll Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Sam Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53467</b>
Mailing Address PO Box 56149		Amount of Each Receipt this Period 85.00
City Sherman Oaks	State CA	Zip Code 91413-1149
FEC ID number of contributing federal political committee. C	Name of Employer Genesis Financial Insurance Services	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
		Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Thomas Snell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53474</b>
Mailing Address PO Box 818		Amount of Each Receipt this Period 30.00
City Sanford	State NC	Zip Code 27331-0818
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Benefit Services & Design, Inc.	Occupation Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Snowden</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53475</b>
Mailing Address 812 Lyndon Ln Ste 101		Amount of Each Receipt this Period 30.00
City Louisville	State KY	Zip Code 40222-3844
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Snowden & Associates, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Sherry Soileau</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53276</b>
Mailing Address 6421 Perkins Rd Bldg A # 2B		Amount of Each Receipt this Period 10.00
City Baton Rouge	State LA	Zip Code 70808-6200
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$10.00 Monthly)
Name of Employer Besselman & Little Agency, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Tamela Southan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 Casa Linda Plz Ste 303  
 City Dallas State TX Zip Code 75218-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Solutions By Design Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53476**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Sher Sparano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7020 108th St # 5-0  
 City Forest Hills State NY Zip Code 11375-4449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefits Advisory Service Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53478**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Richard Spell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3803 N Elm St  
 City Greensboro State NC Zip Code 27455-2593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Healthcare Occupation Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53479**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 168
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Anne Sperling</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53480</b>
Mailing Address 805 Saint Michaels Dr		Amount of Each Receipt this Period 50.00
City Santa Fe	State NM	Zip Code 87505-7625
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer Daniels Insurance Agency, Inc.	Occupation Employee Benefits Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 745.00	

Full Name (Last, First, Middle Initial) <b>B. Jackie Spragins</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12008-P53211</b>
Mailing Address PO Box 1071		Amount of Each Receipt this Period 50.00
City Wichita Falls	State TX	Zip Code 76307-1071
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer Higginbotham Ins Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>c. Zachary Stafford</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53629</b>
Mailing Address 6421 Perkins Rd Bldg A # 2B		Amount of Each Receipt this Period 30.00
City Baton Rouge	State LA	Zip Code 70808-6200
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Besselman & Little Agency, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Delvin Stahl**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 388

City Sutton State NE Zip Code 68979-0388

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

Name of Employer Insurance Plus, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **488.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53202**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

**B. Eugene Starks**  
Full Name (Last, First, Middle Initial)

Mailing Address 613 Crescent Cir Ste 201

City Ridgeland State MS Zip Code 39157-8635

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

Name of Employer Benefit Administration Services, Ltd. Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1130.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53114**

Amount of Each Receipt this Period  
**105.00**

Payroll Deduction  
 (\$105.00 Monthly)

**C. Peter Stehr**  
Full Name (Last, First, Middle Initial)

Mailing Address 13636 Seward St

City Omaha State NE Zip Code 68154-3823

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

Name of Employer Peter Stehr Insurance Services, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53332**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **177.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James Stenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 354 Eisenhower Parkway Suite 2850  
 City Livingston State NJ Zip Code 07039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BenefitMall Occupation Director of Business Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3565.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53316**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction  
 (\$170.00 Monthly)

**B. Marilyn Stenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 Victoria Drive  
 City Bridgewater State NJ Zip Code 08807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVS Consulting Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2645.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53193**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. James Stephens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Ashwood Pkwy Ste 500  
 City Atlanta State GA Zip Code 30338-6997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Humana Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53212**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ames Stetzler**  
Full Name (Last, First, Middle Initial)

Mailing Address 12980 Metcalf Ave Ste 500

City Overland Park State KS Zip Code 66213-2652

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

Name of Employer The Resource Group, An HRH Company Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53483**

Amount of Each Receipt this Period  
 25.00

Payroll Deduction  
 (\$25.00 Monthly)

**B. Tiffany Stiller**  
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Canoga Ave Ste 300

City Woodland Hills State CA Zip Code 91367-2450

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

Name of Employer BenefitMall Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53484**

Amount of Each Receipt this Period  
 25.00

Payroll Deduction  
 (\$25.00 Monthly)

**C. Julia Stockstill**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 E San Augustine St

City Deer Park State TX Zip Code 77536-4160

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

Name of Employer Stockstill & Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53486**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kirk Stoddard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1155 Meridian Ave Ste 121

City San Jose	State CA	Zip Code 95125-4331
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kirk Stoddard & Associates	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **685.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53487**

Amount of Each Receipt this Period  

900.00
--------

**10.00**

Payroll Deduction  
 (\$10.00 Monthly)

**B. Ulrich Storz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 987 University Ave Ste 14

City Los Gatos	State CA	Zip Code 95032-7640
-------------------	-------------	------------------------

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

Name of Employer Storz Insurance Services	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53488**

Amount of Each Receipt this Period  

900.00
--------

**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**C. Rodney Stuart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9755 Randall Dr Ste 101

City Indianapolis	State IN	Zip Code 46280-2952
----------------------	-------------	------------------------

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

Name of Employer Benefit Innovations, LLP	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12008-P53270**

Amount of Each Receipt this Period  

900.00
--------

**50.00**

Payroll Deduction  
 (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address Kennedy, Michener Benefits, LLC 9

City State Zip Code  
Denver CO 80246

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

Name of Employer Kennedy Michener Benefits, LLC  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1145.00**

Date of Receipt  
**12 / 23 / 2011**

**Transaction ID : 12008-P53291**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 1630 Riverton Rd

City State Zip Code  
Cinnaminson NJ 08077-2343

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

Name of Employer Innovative Benefit Planning  
Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**850.00**

Date of Receipt  
**12 / 23 / 2011**

**Transaction ID : 12009-P53571**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 8420 West Dodge Road, 5th Floor

City State Zip Code  
Omaha NE 68114

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

Name of Employer Senior Market Sales, Inc.  
Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
**12 / 23 / 2011**

**Transaction ID : 12008-P53330**

Amount of Each Receipt this Period  
**125.00**

Payroll Deduction  
(\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **295.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. William Sutherland</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address 131 Interpark Blvd		<b>Transaction ID : 12009-P53501</b>
City San Antonio	State TX	Zip Code 78216-1841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Wortham Insurance & Risk Management	Occupation Broker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	(\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Tom Swayne</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address PO Box 31029		<b>Transaction ID : 12009-P53503</b>
City Charleston	State SC	Zip Code 29417-1029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer David M. Gilston Insurance Agency, In	Occupation Broker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	(\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Ernie Sweat</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address 393 W Gordon Ave Ste 1		<b>Transaction ID : 12009-P53584</b>
City Layton	State UT	Zip Code 84041-2391
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Fringe Benefit Analysts, Inc. Db a Frin	Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	(\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Ryan Swinton</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53504</b>
Mailing Address 7101 S 82nd St		Amount of Each Receipt this Period 85.00
City Lincoln	State NE	Zip Code 68516-6584
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Midlands Financial Benefits	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) <b>B. F. Todd Taylor</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53509</b>
Mailing Address 2924 Emerywood Pkwy Ste 200		Amount of Each Receipt this Period 85.00
City Richmond	State VA	Zip Code 23294-3746
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Medical Society of Virginia Insurance	Occupation Sales/Service Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Telesky</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53520</b>
Mailing Address 2602 Pennington Pl		Amount of Each Receipt this Period 30.00
City Valparaiso	State IN	Zip Code 46383-9163
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer UnitedHealthcare Specialty Benefits	Occupation Regional Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Marsha Tellesbo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53510</b>
Mailing Address 1001 4th Ave Ste 3200		Amount of Each Receipt this Period 85.00
City Seattle	State WA	Zip Code 98154-1003
FEC ID number of contributing federal political committee. C	Name of Employer Tellesbo & Company	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1245.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. David Terpening</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53512</b>
Mailing Address 22850 Crenshaw Blvd Ste 206		Amount of Each Receipt this Period 85.00
City Torrance	State CA	Zip Code 90505-3056
FEC ID number of contributing federal political committee. C	Name of Employer California Health Plans	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Harry Thal</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : 12009-P53513</b>
Mailing Address PO Box 2137		Amount of Each Receipt this Period 85.00
City Kernville	State CA	Zip Code 93238-2137
FEC ID number of contributing federal political committee. C	Name of Employer Harry P. Thal Insurance Agency	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ryan Thorn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10342 Springcrest Ln  
City South Jordan State UT Zip Code 84095-4538  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53141**  
Amount of Each Receipt this Period **40.00**  
Payroll Deduction (\$40.00 Monthly)

**B. Helen Todd**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 56166  
City Little Rock State AR Zip Code 72215-6166  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Todd Agency, Inc. Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **510.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53633**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**C. Daniel Tompkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1209  
City Alpharetta State GA Zip Code 30009-1209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Admin America Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **432.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53274**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **112.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jennifer Toups**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Galleria Blvd Ste 1224  
City Metairie State LA Zip Code 70001-7582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Humana Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **665.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53306**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction **(\$85.00 Monthly)**

**B. Janet Trautwein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 14th St N Ste 450  
City Arlington State VA Zip Code 22201-2573  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAHU Occupation CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2040.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53234**  
Amount of Each Receipt this Period **170.00**  
Payroll Deduction **(\$170.00 Monthly)**

**C. C. Louanne Trebing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1806 Patton Dr  
City Garland State TX Zip Code 75042-8205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Trebing Insurance Services Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **700.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53241**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction **(\$50.00 Monthly)**

**SUBTOTAL** of Receipts This Page (optional)..... **305.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Terrie Trevino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7408  
 City State Zip Code  
 Boise ID 83707-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blue Cross of Idaho Dental & Ancillary Product Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53515**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**B. Esperanza Turley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 E River Park PI W Ste 140  
 City State Zip Code  
 Fresno CA 93720-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LISI Regional Sales Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53526**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Mark Turley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 E River Park PI W Ste 140  
 City State Zip Code  
 Fresno CA 93720-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LISI Small Group/District Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53525**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 214 N Superior St Ste 1

City Appleton State WI Zip Code 54911-4774

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

Name of Employer Ulness Health Insurance and Wellness Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 23 / 2011  
Transaction ID : 12009-P53534

Amount of Each Receipt this Period 10.00

Payroll Deduction (\$10.00 Monthly)

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

Mailing Address 4940 N River Dr

City Cumming State GA Zip Code 30041-9495

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

Name of Employer Employer Advisors, Inc. Occupation Employee Benefits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 23 / 2011  
Transaction ID : 12009-P53536

Amount of Each Receipt this Period 18.00

Payroll Deduction (\$18.00 Monthly)

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

Mailing Address 1855 Shelby Ln

City Fayetteville State AR Zip Code 72704-5265

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

Name of Employer Rogers Benefit Group Occupation Sales Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
Transaction ID : 12008-P53235

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Wendy Vanderwater**  
Full Name (Last, First, Middle Initial)

Mailing Address 515 W Southwest Loop 323

City Tyler	State TX	Zip Code 75701-9455
---------------	-------------	------------------------

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

Name of Employer Threlkeld & Company Insurance	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53537**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 3702 Alton Rd SW

City Roanoke	State VA	Zip Code 24014-3004
-----------------	-------------	------------------------

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

Name of Employer Southwind, A Division of The Advisory	Occupation Senior Director, Clinical Integration
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12008-P53074**

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$40.00 Monthly)

**C. Janice Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Reserve Commons Dr

City Medina	State OH	Zip Code 44256-5900
----------------	-------------	------------------------

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

Name of Employer Benefit Designs, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53542**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Rand Wall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12603 Southwest Fwy Ste 620  
City Stafford State TX Zip Code 77477-3838  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lone Star Health Plans, Ltd. Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53314**  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**B. Doris Waller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6411 Highland Crest Ln  
City Sachse State TX Zip Code 75048-5552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pan-American Benefits Solutions Occupation Senior Sales Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53128**  
Amount of Each Receipt this Period 42.00  
Payroll Deduction (\$42.00 Monthly)

**C. Timothy Walsh**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 417  
City Hampstead State NC Zip Code 28443-0417  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advanced Insurance Systems Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53275**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 172.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jessica F Waltman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 14th St N Ste 450  
 City Arlington State VA Zip Code 22201-2573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAHU Occupation VP, Policy and State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53389**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. M. Hughes Waren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7661  
 City Wilmington State NC Zip Code 28406-7661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ebenconcepts, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53252**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Stephen Warner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16180 Highway 7  
 City Minnetonka State MN Zip Code 55345-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Warner & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53642**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Keyana Warren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 630 W Carmel Dr Ste 275

City Carmel	State IN	Zip Code 46032-2521
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FEC ID number of contributing federal political committee. **C**

Name of Employer BDS Agency	Occupation Account Executive
--------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53643**

Amount of Each Receipt this Period  
300.00

Payroll Deduction  
(\$30.00 Monthly)

**B. John Warwick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1907 Mangrove Ave Ste B

City Chico	State CA	Zip Code 95926-2381
---------------	-------------	------------------------

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

Name of Employer John Warwick Insurance Services	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12009-P53644**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C. Lindsey Waters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5311 Patterson Ave

City Richmond	State VA	Zip Code 23226-2041
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FEC ID number of contributing federal political committee. **C**

Name of Employer First National Brokerage Corp.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : 12008-P53056**

Amount of Each Receipt this Period  
20.00

Payroll Deduction  
(\$20.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mark Waugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Arendell St Ste 204  
 City Morehead City State NC Zip Code 28557-4240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EbenConcepts Occupation Employee Benefits Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53264**  
 Amount of Each Receipt this Period 420.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Charles A. Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 S Jefferson St  
 City Roanoke State VA Zip Code 24011-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefits Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12009-P53648**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Dan Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5251 Office Park Dr Ste 350  
 City Bakersfield State CA Zip Code 93309-0644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Webb Insurance Group Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 12008-P53339**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 297.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Daryl D. Webster**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 Addie Way

City Lynchburg State VA Zip Code 24501-7294

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

Name of Employer Premier Access Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**12 / 23 / 2011**

**Transaction ID : 12009-P53664**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
(\$30.00 Monthly)

**B. Mitchell West**  
Full Name (Last, First, Middle Initial)

Mailing Address Health Choice One, Attn: Mitch We

City Greenwood Village State CO Zip Code 80111

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

Name of Employer Health Choice One Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**12 / 23 / 2011**

**Transaction ID : 12009-P53543**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
(\$30.00 Monthly)

**C. Charles Westmoreland**  
Full Name (Last, First, Middle Initial)

Mailing Address 532 Cliffview Dr

City Brandon State MS Zip Code 39047-9183

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

Name of Employer Abacus Benefits Management, LLC Occupation Executive Regional Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
**12 / 23 / 2011**

**Transaction ID : 12009-P53544**

Amount of Each Receipt this Period  
**60.00**

Payroll Deduction  
(\$30.00 Monthly)

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cynthia Whaley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 408 N Washington St Ste A  
City Easton State MD Zip Code 21601-3704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12009-P53545**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Robert White**  
Full Name (Last, First, Middle Initial)  
Mailing Address 218 W 6th St  
City Tulsa State OK Zip Code 74119-1004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CommunityCare HMO Plans of OK Occupation Marketing Representative  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53248**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**C. Dale Whiteis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7820 S Granite Ave  
City Tulsa State OK Zip Code 74136-8456  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Whiteis Benefits Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : 12008-P53280**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 166 River Vista Pl

City Twin Falls State ID Zip Code 83301-3056

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

Name of Employer Magic Valley Insurance, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53550**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 Monthly)

**B. Trei Wild**  
Full Name (Last, First, Middle Initial)

Mailing Address 2745 Dallas Pkwy Ste 500

City Plano State TX Zip Code 75093-8731

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

Name of Employer Assurant Employee Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53551**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 4109 Woodway Dr

City Monroe State LA Zip Code 71201-2218

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

Name of Employer Financial Planning Resources Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12008-P53154**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mike Williams</b>		Date of Receipt
Mailing Address 302 S 36th St Ste 105		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Omaha	NE	68131-3845
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12009-P53554</b>
Williams Deras Associates, Inc	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1020.00"/>	<input type="text" value="85.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. W. Ray Williams</b>		Date of Receipt
Mailing Address 200 E Saint Julian St Ste 600		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Savannah	GA	31401-2754
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12009-P53552</b>
Ashford Advisors, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Paula Wilson</b>		Date of Receipt
Mailing Address 31930 Daniel Way		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Temecula	CA	92591-2129
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12008-P53292</b>
Paula Wilson, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1020.00"/>	<input type="text" value="85.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Steven Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Red Mile Rd

City Lexington State KY Zip Code 40504-2649

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53556**

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

**B. Thomas Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Lamar St

City Wichita Falls State TX Zip Code 76301-6824

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

Name of Employer Boley Featherston Insurance Agency Occupation Benefits Consulntant/Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53555**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

**C. Tammy Winn**  
Full Name (Last, First, Middle Initial)

Mailing Address 2110A Boca Raton Dr Ste 103

City Austin State TX Zip Code 78747-1670

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

Name of Employer Pro Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12008-P53123**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 122.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Shelly Winson</b>		Date of Receipt
Mailing Address PO Box 1914		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City State Zip Code Chandler AZ 85244-1914		<b>Transaction ID : 12009-P53558</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer True Choice Benefits LLC	Occupation Benefit Consultant	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Steven T Wisneski</b>		Date of Receipt
Mailing Address 1050 W Western Ave Ste 315		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City State Zip Code Muskegon MI 49441-1666		<b>Transaction ID : 12009-P53559</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer Creative Benefit Systems, Inc.	Occupation President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Harry Witsen</b>		Date of Receipt
Mailing Address 1150 Glenwood Ct		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City State Zip Code Vineland NJ 08361-8510		<b>Transaction ID : 12008-P53346</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer Medical Benefit Services	Occupation RHU,CLU,ChFC,CSA,CLTC	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	(\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dennis Woehler**

Mailing Address 1 Main St

City State Zip Code  
Evansville IN 47708-1464

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

Name of Employer Occupation  
ONB Insurance Group, Inc. Group Benefits Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53560**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Rosanne Wolfe**

Mailing Address 4600 E Swans Nest Rd

City State Zip Code  
Tucson AZ 85718-6248

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

Name of Employer Occupation  
Wolfe Insurance & Consultants, LLC Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : 11997**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**C. Rosanne Wolfe**

Mailing Address 4600 E Swans Nest Rd

City State Zip Code  
Tucson AZ 85718-6248

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

Name of Employer Occupation  
Wolfe Insurance & Consultants, LLC Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
505.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : 12009-P53561**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. DianaLou Wolff</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53562</b>
Mailing Address PO Box 3625		Amount of Each Receipt this Period 30.00
City Kingston	State NY	Zip Code 12402-3625
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Benefit Counseling Associates	Occupation Group & Health Benefit Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Wright</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53650</b>
Mailing Address 111 E Ludwig Rd Ste 108		Amount of Each Receipt this Period 85.00
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Intrahealthsolutions, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) <b>C. Dennis Wright</b>		Date of Receipt 12 / 23 / 2011 <b>Transaction ID : 12009-P53649</b>
Mailing Address 11617 Coldwater Rd Ste 103		Amount of Each Receipt this Period 85.00
City Fort Wayne	State IN	Zip Code 46845-1256
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer IntraHealth Solutions, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1370.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 162 OF 168  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Luann Yarberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 Bermuda Ln  
 City State Zip Code  
 Wichita Falls TX 76308-2443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Higginbotham Ins Agency, Inc. Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53651**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**B. M. Zach Zinser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 N Evergreen Rd Ste 6  
 City State Zip Code  
 Louisville KY 40243-1096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Zinser Benefit Service, Inc. Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 12009-P53572**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26758.43

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : 12131

Amount of Each Disbursement this Period

363.99

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Banking Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2011

Transaction ID : 12130

Amount of Each Disbursement this Period

1337.64

Banking Fees

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2011

Transaction ID : 12133

Amount of Each Disbursement this Period

395.19

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

2096.82

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

2096.82

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. COFFMAN FOR CONGRESS**

Mailing Address 9249 SOUTH BROADWAY

City State Zip Code  
HIGHLANDS RANCH CO 80129

Purpose of Disbursement  
Breakfast 12/7/11

011

Candidate Name

**MIKE COFFMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		05		2011

**Transaction ID : 11973**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAVE REICHERT**

Mailing Address P. O. BOX 53322

City State Zip Code  
BELLEVUE WA 98015

Purpose of Disbursement  
Lunch 12/13

011

Candidate Name

**DAVE REICHERT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2011

**Transaction ID : 11987**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHN CAMPBELL FOR CONGRESS**

Mailing Address 7700 IRVINE CENTER DRIVE

City State Zip Code  
IRVINE CA 92618

Purpose of Disbursement  
Lunch 12/14

011

Candidate Name

**JOHN BT III CAMPBELL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2011

**Transaction ID : 11986**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KAY GRANGER CAMPAIGN FUND**

Mailing Address 715 JONES STREET, SUITE 101

City State Zip Code  
FORT WORTH TX 76102

Purpose of Disbursement  
Lunch 12/14/11

011

Category/  
Type

Candidate Name

**KAY GRANGER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2011

**Transaction ID : 11974**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. LANCE FOR CONGRESS**

Mailing Address PO BOX 225

City State Zip Code  
COLONIA NJ 07067

Purpose of Disbursement  
Lunch 12/14

011

Category/  
Type

Candidate Name

**LEONARD LANCE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

**Transaction ID : 11998**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. PROSPERITY ACTION COMMITTEE**

Mailing Address 2470 DANIELL'S BRIDGE RD STE. 121

City State Zip Code  
ATHENS GA 30606

Purpose of Disbursement  
Dinner 12/14

011

Category/  
Type

Candidate Name

**PAUL D. RYAN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

**Transaction ID : 12003**

Amount of Each Disbursement this Period

2000.00
---------

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

4000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 904

City State Zip Code  
DUNN NC 28335

Purpose of Disbursement  
Lunch 12/6/11

Candidate Name

**RENEE JACISIN ELLMERS**

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2011

**Transaction ID : 11972**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RIBBLE FOR CONGRESS**

Mailing Address PO BOX 7200

City State Zip Code  
APPLETON WI 54912

Purpose of Disbursement  
Lunch 12/1/11

Candidate Name

**REID RIBBLE**

Office Sought:  House  
 Senate  
 President  
State: WI District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2011

**Transaction ID : 11862**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SCHOCK FOR CONGRESS**

Mailing Address PO BOX 10555

City State Zip Code  
PEORIA IL 61612

Purpose of Disbursement  
Lunch 12/15

Candidate Name

**AARON JON MR. SCHOCK**

Office Sought:  House  
 Senate  
 President  
State: IL District: 18

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2011

**Transaction ID : 11985**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement  
End of Year (makeup in 2012)

011

Candidate Name

**STEVE MR. STIVERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2011

Transaction ID : 12004

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. TOM REED FOR CONGRESS**

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement  
Breakfast 12/13

011

Candidate Name

**THOMAS W II REED**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2011

Transaction ID : 11983

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. WALBERG FOR CONGRESS**

Mailing Address PO BOX 1362

City JACKSON State MI Zip Code 49204

Purpose of Disbursement  
Breakfast 12/1/11

011

Candidate Name

**TIMOTHY L. HON. WALBERG**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2011

Transaction ID : 11861

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
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**TOTAL** This Period (last page this line number only)..... ▶

17000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Amy L. Layman**

Mailing Address 2232 Page Rd

City Durham State NC Zip Code 27703

Purpose of Disbursement  
contribution refunded

010

Category/  
Type

Candidate Name

**Amy L. Layman**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2011

**Transaction ID : 11968**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

300.00

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

300.00