

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

☐Check if different
than previously
reported. (ACC)

Washington

DC

20044

7135

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

08

01

2007

through

08

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jennifer Murphy, CPA

Signature of Treasurer

Electronically Filed by Jennifer Murphy, CPA

Date

09

20

2007

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

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		41981.92
(b) Cash on Hand at Beginning of Reporting Period	74543.16	
(c) Total Receipts (from Line 19)	29063.18	236151.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103606.34	278133.13
7. Total Disbursements (from Line 31)	14998.20	189524.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88608.14	88608.14
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

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	18813.00	128332.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	10169.18	107726.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	28982.18	236058.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	28982.18	236058.21
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	12.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	81.00	81.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29063.18	236151.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29063.18	236151.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	998.20	46795.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	998.20	46795.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	141000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1229.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1229.00
29. Other Disbursements.....	0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14998.20	189524.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14998.20	189524.99

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)	28982.18	236058.21
34. Total Contribution Refunds (from Line 28(d))	0.00	1229.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28982.18	234829.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	998.20	46795.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	998.20	46783.99

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

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

FOR LINE NUMBER: PAGE 6 / 121

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) David C. Frye Mailing Address 4409 W. 71st Street City Indianapolis State IN Zip Code 46268-2269 FEC ID number of contributing federal political committee. C Name of Employer Frye Brokerage Company Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 3 / 2 0 0 7 Transaction ID: 21221814 Amount of Each Receipt this Period 400.00 Contribution
B. Full Name (Last, First, Middle Initial) Kenneth L. Schmidt Mailing Address 1332 Hunters Hollow Court City Eureka State MO Zip Code 63025-1051 FEC ID number of contributing federal political committee. C Name of Employer MSM&F Occupation Benefits Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 3 / 2 0 0 7 Transaction ID: 21230641 Amount of Each Receipt this Period 100.00 Contribution
C. Full Name (Last, First, Middle Initial) David Baker Mailing Address 2646 Highway Ave City Highland State IN Zip Code 46322-1661 FEC ID number of contributing federal political committee. C Name of Employer Professional Insurance Mgt. Co. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7 Transaction ID: 21244552 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

Robert K Nitsche

Mailing Address 143 East Austin

City State Zip Code
 Giddings TX 78942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of Texas

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574177

Amount of Each Receipt this Period

250.00

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

R J Nitsche

Mailing Address 143 East Austin

City State Zip Code
 Giddings TX 78942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of Texas

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574178

Amount of Each Receipt this Period

250.00

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

David P Ferguson

Mailing Address 143 East Austin

City State Zip Code
 Giddings TX 78942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of Texas

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Patty Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 3660 Guenther Road		
City <u>La Grange</u>	State TX	Zip Code 78945
FEC ID number of contributing federal political committee. C		Transaction ID: 21574180
Name of Employer Insurance Network of Texas		Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ashley Mutschink		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 1017 Main Street		
City <u>Bastrop</u>	State TX	Zip Code 78602
FEC ID number of contributing federal political committee. C		Transaction ID: 21574181
Name of Employer Insurance Network of Texas		Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Gary Nitsche		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 2838 Guenther Road		
City <u>La Grange</u>	State TX	Zip Code 78945
FEC ID number of contributing federal political committee. C		Transaction ID: 21574185
Name of Employer Insurance Network of Texas		Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Kenneth L. Schmidt Mailing Address 1332 Hunters Hollow Court City State Zip Code Eureka MO 63025-1051 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574186 Amount of Each Receipt this Period 100.00
Name of Employer MSM&F Occupation Benefits Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			
B. Full Name (Last, First, Middle Initial) ROBERT SKINNER Mailing Address 6612 East 75th Street, Suite 200 City State Zip Code Indianapolis IN 46250-2876 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574190 Amount of Each Receipt this Period 25.00
Name of Employer GroupLink Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			
C. Full Name (Last, First, Middle Initial) B D CALVIN Mailing Address PO Box 101422 City State Zip Code Anchorage AK 99510-1422 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574191 Amount of Each Receipt this Period 85.00
Name of Employer Calco Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 765.00			

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

SUE WILSON

Mailing Address P. O. Box 12816

City

Oklahoma City

State

OK

Zip Code

73157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sue Wilson Brokerage Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574192

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL KIELIAN

Mailing Address PO Box 45279

City

Omaha

State

NE

Zip Code

68145-0279

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Harry A. Koch Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574195

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

GLEN RIENSCHKE

Mailing Address 3601 Calvert, Ste. 1

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Services Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574196

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 GLEN RIENSCHÉ
 Mailing Address 3601 Calvert, Ste. 1

City State Zip Code
 Lincoln NE 68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Servic-
es Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574197

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
 TERRY IVES
 Mailing Address P O Box 3459

City State Zip Code
 San Clemente CA 92674-3459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Executive Financial Advis-
ors Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574200

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
 DAVID FEAR
 Mailing Address 11160 Sun Center Drive, Suite A

City State Zip Code
 Rancho Cordova CA 95670-6121

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIMS Strategic Distributi-
on Division

Occupation
Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574204

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

EUGENE ROWE

Mailing Address 16000 Ventura Blvd, Suite 1103

City

Encino

State

CA

Zip Code

91436-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer
R & R Insurance and Retirement Service

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574205

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation

Executive VP, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574206

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

ELIZABETH RIOS-CARL

Mailing Address 124 West Castellano Drive, Suite 2

City

El Paso

State

TX

Zip Code

79912-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodman Financial Group

Occupation

VP - Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574208

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City State Zip Code
 Omaha NE 68164-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross Blue Shield of
Nebraska

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574210

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. DAVID BERMAN

Mailing Address 6510 N. Shadeland Avenue

City State Zip Code
 Indianapolis IN 46220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neace Lukens Holding Comp-
any Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574212

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH ASHMORE

Mailing Address 7606 University Avenue, Suite B

City State Zip Code
 Lubbock TX 79423-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore Agency Inc

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574213

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574215

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Kathryn Beals

Mailing Address 501 E Washington Ave

City State Zip Code
Madison WI 53703-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Manufactures &
Commerce

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574217

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City State Zip Code
Omaha NE 68130-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associa-
tes Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574218

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

ROBERT GRUNDMAN

Mailing Address 7412 Karl Drive

City State Zip Code
 Lincoln NE 68516-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574220

Amount of Each Receipt this Period

30.00

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

CLAUDETTE Sue BISBEE

Mailing Address 15 East Washington Street

City State Zip Code
 Coldwater MI 49036-1981

FEC ID number of contributing
federal political committee.

C

Name of Employer
InfiniSource Inc.

Occupation
Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574221

Amount of Each Receipt this Period

30.00

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

STEPHEN SALAMON

Mailing Address PO Box 4252

City State Zip Code
 Timonium MD 21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574225

Amount of Each Receipt this Period

10.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
LINDA ERLENCACH

Mailing Address 151 Belcourt Lane

City State Zip Code
Aurora OH 44202-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.M. Erlenbach Inc.Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574229

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
LISA ILLS

Mailing Address 4455 East Camelback Road, Suite D2

City State Zip Code
Phoenix AZ 85018-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glass Financial GroupOccupation
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574233

Amount of Each Receipt this Period

35.00

C. Full Name (Last, First, Middle Initial)
PAULA WILSON

Mailing Address PO Box 892740

City State Zip Code
Temecula CA 92589-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paula L. Wilson Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574234

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

RODNEY STUART

Mailing Address 9755 Randall Dr., # 101

City State Zip Code
 Indianapolis IN 46280

FEC ID number of contributing federal political committee.

CName of Employer
Benefit Innovations LLPOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574239

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

C.L. WESTMORELAND

Mailing Address PO Box 925

City State Zip Code
 Jackson MS 39205-0925

FEC ID number of contributing federal political committee.

CName of Employer
American Public Life Insurance CompanyOccupation
Director of Agency Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574241

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

JACKIE SPRAGINS

Mailing Address PO Box 2073

City State Zip Code
 Wichita Falls TX 76307-2073

FEC ID number of contributing federal political committee.

CName of Employer
Spragins Insurance AgencyOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574244

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
WILLIAM ROBINSON

Mailing Address 100 S. Sunrise Way, PMB 364

City State Zip Code
Palm Springs CA 92262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574246

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
BRUCE GARDNER

Mailing Address 1502 West Avenue

City State Zip Code
Austin TX 78701-1561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bruce Gardner Insurance
& Investments

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574247

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)
GEORGE CONDOS

Mailing Address 7881 West Charleston Blvd. #140

City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Insurance Agency

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574248

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
DENNIS RECKER

Mailing Address 971 North Perry Street

City State Zip Code
Ottawa OH 45875-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fawcett Lammon Recker
& AssociatesOccupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574249

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
STEVEN H. DODDER

Mailing Address PO Box 2069

City State Zip Code
Monument CO 80132-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Time Insurance/Assurant
HealthOccupation
Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574250

Amount of Each Receipt this Period

60.00

C. Full Name (Last, First, Middle Initial)
LARRY KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Insurance Servi-
ces Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574251

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
EUGENE EBERSOLE

Mailing Address PO Box 2886

City State Zip Code
Gretna LA 70054-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates In-
c.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574253

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
RUSSELL CHILDERS

Mailing Address PO Box 1547

City State Zip Code
Americus GA 31709-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers CLU

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574254

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
VIRGINIA D. SAFFORD

Mailing Address 5753 North River Road

City State Zip Code
Waterville OH 43566-9765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Benefits

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574257

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) RICHARD HILL Mailing Address 4435 O Street P.O. Box 30275 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 Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574260 Amount of Each Receipt this Period 60.00
B. Full Name (Last, First, Middle Initial) DONNA HILL Mailing Address PO Box 724 City Snellville State GA Zip Code 30078-0724 FEC ID number of contributing federal political committee. C Name of Employer DDH Associates LLC Occupation Health Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574262 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) SUZANNE JOHNSON Mailing Address 6235 Morrison Boulevard, Suite 302 City Charlotte State NC Zip Code 28211-3508 FEC ID number of contributing federal political committee. C Name of Employer Strategic Employee Benefit Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574266 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOHN PARKER

Mailing Address 47 Laurel Hill Drive

City State Zip Code
 Niantic CT 06357-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Agency

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574270

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. RYAN THORN

Mailing Address 10342 South Springcrest Lane

City State Zip Code
 South Jordan UT 84095-4538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ryan P. Thorn Insurance
Planning Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574277

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DAVID MOORE

Mailing Address PO Box 1006

City State Zip Code
 Burlington NC 27216-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
David R. Moore CLU & Ass-
ociates

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574279

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JULIA A. JENNINGS

Mailing Address 500 Faunce Corner Rd
Bldg 100, Suite 120

City State Zip Code
Dartmouth MA 02747-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sylvia & Co. Ins. Agency
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574281

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MICHAEL E. CARMEAN

Mailing Address PO Box 7367
2300 Whittlesey Rd Suite A

City State Zip Code
Columbus GA 31908-7367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Marketing

Occupation
Vice President, Group Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574282

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. TAMMY WINN

Mailing Address 5113 Southwest Parkway #150

City State Zip Code
Austin TX 78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Insurance Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574285

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. THELMA KACZMAREK

Mailing Address 2633 State Route 59, Suite B
P O Box 345

City State Zip Code
Ravenna OH 44266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574286

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CAROL MATZNICK

Mailing Address PO Box 38905

City State Zip Code
Greensboro NC 27438-8905

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina AHU

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574288

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. WESLEY MOORE, III

Mailing Address P O Box 604

City State Zip Code
Darlington SC 29540-0604

FEC ID number of contributing
federal political committee.

C

Name of Employer
W P Moore Agency

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574289

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. TIMOTHY BYRNE

Mailing Address 3113 West Beltline Highway

City State Zip Code
 Madison WI 53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mortenson Matzelle & Mel-
drum

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574299

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. KIMBERLY MARTIN

Mailing Address 180 Charlotte Highway

City State Zip Code
 Asheville NC 28803-9673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574303

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. THERESA OLSON

Mailing Address P. O. Box 21479

City State Zip Code
 Keizer OR 97307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baglien-Olson Insurance

Occupation
Independent Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574308

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. SUZY ALBERTS

Mailing Address 20700 Civic Center Drive
Ste 250

City State Zip Code
Southfield MI 48076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Serv-
ices

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574310

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. SCOTT LEAVITT

Mailing Address 9494 West Fairview Ave., # C

City State Zip Code
Boise ID 83704-8198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Leavitt Insurance
& Financial Se

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574316

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. STEPHANIE M. DENZ

Mailing Address 5000 US Hwy 17, 18#314

City State Zip Code
Jacksonville FL 32003

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Southeast

Occupation
Field Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574321

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

MARK A. SCHLANGE

Mailing Address P. O. Box 700

City State Zip Code
 Bellevue NE 68005-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Benefit Consultant Gr-
oup Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574324

Amount of Each Receipt this Period

30.00

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

GLORIA D. HOPPER

Mailing Address 6400 Fairview Road

City State Zip Code
 Charlotte NC 28210-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Serv-
ices Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574325

Amount of Each Receipt this Period

40.00

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

CYNTHIA DOUCET

Mailing Address P. O. Box 91180

City State Zip Code
 Lafayette LA 70509-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resources
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574327

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOSEPH ROBERTS

Mailing Address 7101 S. 82nd St., #B

City State Zip Code
 Lincoln NE 68516-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574328

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. LINDA FRIEDRICH

Mailing Address PO Box 30275

City State Zip Code
 Lincoln NE 68503-0275

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574330

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY WALSH

Mailing Address PO Box 417

City State Zip Code
 Hampstead NC 28443-0417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Systems

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574333

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Phifer

Mailing Address 5495 Belt Line Road, Suite 155

City State Zip Code
 Dallas TX 75254-7643

FEC ID number of contributing
federal political committee.

C

Name of Employer
SafeGuard Health Enterpri-
ses

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574337

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. CLARK LOEWE

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code
 Houston TX 77092-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insuran-
ce

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574339

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DANIEL TOMPKINS, III

Mailing Address PO Box 1810
 800 Old Roswell Lakes Pkwy Suite 3

City State Zip Code
 Roswell GA 30077-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Admin America

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574343

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ALAN SCHULMAN

Mailing Address 2003 Little Haven Court

City State Zip Code
 Olney MD 20832-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sors

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574352

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City State Zip Code
 Salem VA 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574353

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JOSHUA NACE

Mailing Address 936 North 34th Street, Suite 208

City State Zip Code
 Seattle WA 98103-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dental Health Services
Inc.

Occupation
Vice President Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574354

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JENNIFER BUNDY-COBB

Mailing Address 3000 A Street, Suite 400

City State Zip Code
Anchorage AK 99501-5148

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
08 31 2007

Transaction ID: 21574356

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. LISA WETHERTON

Mailing Address 4180 Providence Rd
Suite 200

City State Zip Code
Dahlonega GA 30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Designs

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
08 31 2007

Transaction ID: 21574358

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JAMES S. GARBINA

Mailing Address 11949 Q Street

City State Zip Code
Omaha NE 68137-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry A. Koch Co.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
08 31 2007

Transaction ID: 21574363

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
CATHERINE FICARA
Mailing Address 26999 Central Park Blvd.

City State Zip Code
Southfield MI 48076-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Financial Group LL-
CUnited

Occupation
Health Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574366

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
STEVEN J. SINKLER
Mailing Address 4320 114th St.

City State Zip Code
Urbandale IA 50322-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Benefits Ag-
ency

Occupation
Vice President of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574368

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MARYLOU HUDMAN
Mailing Address 5330 Bent Tree Forest Drive, Suite

City State Zip Code
Dallas TX 75248-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer
A Benefit Source

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574370

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
WILLIAM BUDDY ANDERSON

Mailing Address 498 Palm Springs Drive, Suite 270

City	State	Zip Code
Altamonte Springs	FL	32701-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit PortOccupation
Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574373

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
MICHAEL NORRISMailing Address PO Box 999
295 E Palmer Street

City	State	Zip Code
Franklin	NC	28744-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayah Insurance AgencyOccupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574376

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
BRENDA N. FRANKLIN

Mailing Address 7915 North Hale Avenue, Suite D

City	State	Zip Code
Peoria	IL	61615-2088

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Health PlansOccupation
Group Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574384

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JENNIFER TOUPS

Mailing Address PO Box 113113

City

Metairie

State

LA

Zip Code

70011-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Insurance Group

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574389

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JESSICA WALTMAN

Mailing Address 10 Doyle Road

City

Wayne

State

PA

Zip Code

19087-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574392

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

JAMES F. SUMMERS

Mailing Address 8420 West Dodge Road, Suite 510

City

Omaha

State

NE

Zip Code

68114-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574393

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 GLENDAE MITCHELL
 Mailing Address 736 Old Greenville Rd

City State Zip Code
 Fayetteville GA 30215-5935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benevestco Inc.

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574409

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
 SUSAN R. PITTMAN
 Mailing Address 32418 51st Avenue, SW

City State Zip Code
 Federal Way WA 98023-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insure NW Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574412

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
 ROBERT VERNON
 Mailing Address PO Box 18251

City State Zip Code
 Roanoke VA 24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRR Consulting Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574423

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. VICTORIA MAJOR-BELL

Mailing Address P O Box 540034

City

Lake Worth

State

FL

Zip Code

33454-0034

FEC ID number of contributing
federal political committee.

C

Name of Employer
VMB Solutions

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574433

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DAVID PERRY

Mailing Address 1634 Ryan Street

City

Lake Charles

State

LA

Zip Code

70601-5949

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Perry Agency Inc.

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574443

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Carrie Cox

Mailing Address 6701 North Broadway, Suite 323
Pavillion Building

City

Oklahoma City

State

OK

Zip Code

73112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oden Roberts Rohman Insurance

Occupation

Group Benefits Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574449

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 121

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

R JENSEN

Mailing Address 6060 South Kenton Way

City

Englewood

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574458

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

BARBARA Jean WRIGHT KNOX

Mailing Address 111 East Ludwig Road, Suite 108

City

Fort Wayne

State

IN

Zip Code

46825-4240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intrahealthsolutions Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574460

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Sherlin

Mailing Address P. O. Box 1550

City

Asheville

State

NC

Zip Code

28801-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Group

Occupation

Marketing Partner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574461

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOHN G. PRUE

Mailing Address 7311 West 132nd Street, Suite 200

City State Zip Code
 Shawnee Mission KS 66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574464

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. RICHARD R. DAMICO

Mailing Address 50 East 42nd Street
Room 2108

City State Zip Code
 New York NY 10017-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Benfeit & Design
Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574493

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. THOMAS G. MAGNUS

Mailing Address PO Box 999

City State Zip Code
 El Granada CA 94018-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross of California

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574495

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
KENNETH JONES
Mailing Address 3659 Green Rd., # 217

City State Zip Code
Beachwood OH 44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
GBA Solutions

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574497

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
DAVID M DEITCH
Mailing Address 2785 East Desert Inn Road, Suite 1

City State Zip Code
Las Vegas NV 89121-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574498

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MAURICE LYONS
Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code
New York NY 10017-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medical Link Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574499

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

SHARON ALT

Mailing Address 6410 Southwest Blvd, Suite 204

City

Fort Worth

State

TX

Zip Code

76109-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alt Benefit Consultants
Inc

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574500

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CHARLES TROGDON

Mailing Address 7910 North Ingram Avenue, Suite 20

City

Fresno

State

CA

Zip Code

93711-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Services

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574502

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

FRANCIS A RUGGIERO

Mailing Address 15 Kennedy Drive

City

Budd Lake

State

NJ

Zip Code

07828-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ruggiero Group LLC

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574503

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) RICK D. BAILEY		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 4390 Earney Road, Suite 240		Transaction ID: 21574505	
City Woodstock	State GA	Zip Code 30188-5687	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rick Bailey & Company In- c.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
B. Full Name (Last, First, Middle Initial) ROBERT J BISHOP		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 21574506	
City Las Vegas	State NV	Zip Code 89121-3623	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer KIA Insurance	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		
C. Full Name (Last, First, Middle Initial) WILLIAM Otis HAFF		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 131 Interpark		Transaction ID: 21574512	
City San Antonio	State TX	Zip Code 78216	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer EDWW	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. WALTER T. HALE

Mailing Address 211 East Church Street

City State Zip Code
 Morrilton AR 72110-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawkins Insurance Agency

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574513

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code
 Burbank CA 91501-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jardez Financial & Insurance Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574514

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DAVID S JOHNSON

Mailing Address P. O. Box 871129

City State Zip Code
 Stone Mountain GA 30087-0029

FEC ID number of contributing
federal political committee.

C

Name of Employer
David S. Johnson Insurance

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574516

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 MARK D. KENNEDY
 Mailing Address 1173 Brittmoore Road

City State Zip Code
 Houston TX 77043-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Concepts Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574517

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)
 JOHN R MCCONNAUGHEY
 Mailing Address PO Box 805

City State Zip Code
 West Chester OH 45071-0805

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency
Inc

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574519

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
 FRANK R NOVY
 Mailing Address 21238 Woodview Circle

City State Zip Code
 Strongsville OH 44149-9261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualified Administrative
Services Inc

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574522

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. TERRI B PRITCHARD

Mailing Address 1315 Westbrook Plaza Dr., #300

City State Zip Code
 Winston Salem NC 27103-1357

FEC ID number of contributing federal political committee.

C

Name of Employer
Third Party Marketers Of
America Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574526

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. SUSAN MALEY RASH

Mailing Address 2108 West Laburnum Avenue, Suite 3

City State Zip Code
 Richmond VA 23227-4300

FEC ID number of contributing federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of VirginiaOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574527

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. JON C RAUSER

Mailing Address 400 East Wisconsin Avenue, # 200

City State Zip Code
 Milwaukee WI 53202-4499

FEC ID number of contributing federal political committee.

C

Name of Employer
The Rauser Agency Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574528

Amount of Each Receipt this Period

170.00

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ALFONSO C. SCHIEBEL

Mailing Address 200 Sandy Springs Pl., # 300A

City State Zip Code
 Atlanta GA 30328-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashford Advisors Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574532

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

B. BOB G SHUPE

Mailing Address PO Box 2344

City State Zip Code
 Brentwood TN 37024-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP Inc

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574533

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. ALBERT J TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code
 Boca Raton FL 33431-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Hancock

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574535

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

128.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

PETER VINTON

Mailing Address 9480 Deereco Road

City State Zip Code
 Timonium MD 21093-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Coverage LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574536

Amount of Each Receipt this Period

80.00

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

SUE LARSEN

Mailing Address P.O. Box 6465

City State Zip Code
 Santa Barbara CA 93111-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Larsen Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574538

Amount of Each Receipt this Period

85.00

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

TRAVIS S. MIDDLETON

Mailing Address 20501 Katy Freeway, # 219

City State Zip Code
 Katy TX 77450-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer
TradeMark Insurance Agency

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574540

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. WILLIAM BLAKELY

Mailing Address PO Box 11310

City State Zip Code
 Chattanooga TN 37401-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Blakely & Associates

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574542

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MARY LANDEN

Mailing Address 1000 Burnett Avenue, Suite 440

City State Zip Code
 Concord CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMall

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574543

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. PATRICE GOLDFARB

Mailing Address 442 Teaneck Rd.

City State Zip Code
 Ridgely Park NJ 07660-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Employee Benefits Adv-
isors Group

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574546

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. MICHAEL A. RIVERA

Mailing Address 12200 Northwest Freeway, Suite 662

City State Zip Code
Houston TX 77092-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574549

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. LORELIE G. CASTELLANI

Mailing Address PO Box 905

City State Zip Code
Branchville NJ 07826-0905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Guidance Systems

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574552

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. ROBERT C. SICHMELLEA

Mailing Address 585 East Los Angeles Avenue, #H

City State Zip Code
Simi Valley CA 93065-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACME/RCS Insurance Services Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574553

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
DAVID R. KROSS
Mailing Address 5556-B Cheviot Rd.

City State Zip Code
Cincinnati OH 45247

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Benefits Agency
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574554

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
DEIRDRE FALLON
Mailing Address PO Box 256

City State Zip Code
Spring Lake NJ 07762-0256

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
es Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574560

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
KYM J. HOPWOOD
Mailing Address 66 Franklin Street, Suite 210

City State Zip Code
Oakland CA 94607-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dealey Renton & Associat-
es

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574561

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 KEITH JORDANO
 Mailing Address 12751 Orange Boulevard

City State Zip Code
 West Palm Beach FL 33412-1413

FEC ID number of contributing federal political committee.

C

Name of Employer
Jordano Insurance Group Inc.Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574562

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
 DANIEL E. COLACIONO
 Mailing Address 99 Troy Road

City State Zip Code
 East Greenbush NY 12061-1027

FEC ID number of contributing federal political committee.

C

Name of Employer
Rose and Kiernan IncOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574568

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
 MATTHEW L. MASONE
 Mailing Address 6731 Columbia Gateway Dr, Suite 21

City State Zip Code
 Columbia MD 21046-2165

FEC ID number of contributing federal political committee.

C

Name of Employer
Jefferson Pilot FinancialOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574570

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) ▶

160.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

KING J. CAROLYN

Mailing Address 6 Country Lane

City State Zip Code
 Sussex NJ 07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Financial

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574574

Amount of Each Receipt this Period

30.00

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

ROBERT C. SICHMELLEA

Mailing Address 585 East Los Angeles Avenue, #H

City State Zip Code
 Simi Valley CA 93065-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACME/RCS Insurance Services Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574577

Amount of Each Receipt this Period

30.00

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

WILLIS H. GLAROS

Mailing Address PO Box 184

City State Zip Code
 Dyer IN 46311-0184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employer Benefit Systems

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574580

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. TERESA GUTIERREZ

Mailing Address P O Box 638

City State Zip Code
 Cary NC 27512-0638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Benefit Solu-
tions Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574584

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS W SHEFFER

Mailing Address 110 International Way

City State Zip Code
 Springfield OR 97477-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
PacificSource Health Plans

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574585

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DEAN M M HOFFMAN

Mailing Address W223 N608 Saratoga Dr

City State Zip Code
 Waukesha WI 53186-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Insurance Ser-
vices Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574586

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
G. Russell GARNER
Mailing Address 1308 Murraywood Drive

City State Zip Code
Columbia SC 29212-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
G. Russell Garner, CLU,
LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574590

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
ROSS W KRAFT
Mailing Address 41 Notre Dame Lane

City State Zip Code
Utica NY 13502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Group of New York
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574593

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
KEN L. RAY
Mailing Address P. O. Box 14207

City State Zip Code
Jackson MS 39236-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Sneed Hewes/Banco-
rpSouth Insur

Occupation
Director of Marketing - Life/Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574594

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
OWEN W. WINGATE

Mailing Address 155 Professional Dr

City State Zip Code
Ponte Vedra Beach FL 32082-6217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wingate Insurance Group
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574595

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
NICOLE FAIRBAIRN WONNELL

Mailing Address 14701 Cumberland Road, Suite 180

City State Zip Code
Noblesville IN 46060-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Insurance Concep-
ts Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574596

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
CLAUDIA S DODGE

Mailing Address 2108 W. Laburnum Ave., # 300

City State Zip Code
Richmond VA 23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation
AVP - Sales Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574597

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOHN KIEBLER

Mailing Address 300 West Vine Street

City State Zip Code
 Lexington KY 40507-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHA Health

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574599

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. BRADFORD H. BLAIN

Mailing Address P O Box 4510

City State Zip Code
 Lexington KY 40544-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Al Torstrick Insurance Ag-
ency Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574600

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN A. HUGHES

Mailing Address 13513 Arlington Road

City State Zip Code
 Norwalk OH 44857-9626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Solutions

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21574605

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAMES C BOSIER

Mailing Address P.O. Box 1230

City

Waterloo

State

IA

Zip Code

50704-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Net Worth Advisors

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21574614

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. SANDRA JOHNSON

Mailing Address 12500 Network Blvd, # 403

City

San Antonio

State

TX

Zip Code

78249-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hairston Johnson & Associates PLLC

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21574615

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. RUSH DAVID DIXON

Mailing Address 1375 Piccard Drive

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21574621

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER HARRISON

Mailing Address 921-C South McPherson Church Road

City State Zip Code
 Fayetteville NC 28303-5368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21574622

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ROBERT A ZIFF

Mailing Address 17 North Delmorr Avenue

City State Zip Code
 Morrisville PA 19067-6278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avanti Benefits Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21574626

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
ERIC S. TOWNSEND

Mailing Address 1658 Presto Avenue

City State Zip Code
 Indianapolis IN 46224-5640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Omaha

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21574627

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 LESLIE E MCGERR
 Mailing Address 6125 Havelock Avenue

City State Zip Code
 Lincoln NE 68507-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Les McGerr & Company

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21574629

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
 MICHAEL EMBRY
 Mailing Address 20700 Civic Center Drive, Suite 25

City State Zip Code
 Southfield MI 48076-4133

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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21574631

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
 LAURIE J KIRKLAND
 Mailing Address PO Box 10088

City State Zip Code
 Yakima WA 98909-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Conover Insurance Inc.

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574640

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
CRISTY RUSSELL GUPTO
Mailing Address 357 Sanford Drive

City State Zip Code
Morganton NC 28655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flexible Benefit Manageme-
nt

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574641

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
THOMAS A. BRYON
Mailing Address 9820 Metcalf Ave., # 110

City State Zip Code
Overland Park KS 66212

FEC ID number of contributing
federal political committee.

C

Name of Employer
SS&G and Associates Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574644

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
RANDY H. KLEIN
Mailing Address 306 North Cleveland Massillon Road

City State Zip Code
Akron OH 44333-4511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Benefit Associates
LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574649

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
TIFFANY A. OTIS

Mailing Address 28588 Northwestern Highway, Suite

City State Zip Code
 Southfield MI 48034-8335

FEC ID number of contributing
federal political committee.

C

Name of Employer
PPOM

Occupation

Vice President Corporate Sales & Provi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574650

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
STEPHANIE MONETTE

Mailing Address 1510 Meadow Wood Lane

City State Zip Code
 Reno NV 89502-8503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Plans

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574651

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MARILYN LEONARD

Mailing Address 3676 Woodley Drive

City State Zip Code
 San Jose CA 95148-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beacon Ridge Health Insur-
ance Services

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574652

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 121

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

REBECCA L. PURDY

Mailing Address 724 South 9th Street

City State Zip Code
 Las Vegas NV 89101-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Insurance Agency

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574653

Amount of Each Receipt this Period

30.00

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

JONI Robin REENTS

Mailing Address 7100 N. Broadway, #6-OPH

City State Zip Code
 Denver CO 80221-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romer Reents & Associates
Inc.

Occupation
Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574654

Amount of Each Receipt this Period

30.00

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

DIANALOU WOLFF

Mailing Address 106 Main Street

City State Zip Code
 Kingston NY 12401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Counseling Associ-
ates

Occupation
Group & Health Benefit Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574657

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 121

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
DENNIS E. WRIGHT

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code
 Fort Wayne IN 46825-4240

FEC ID number of contributing
federal political committee.

C

Name of Employer
IntraHealth Solutions In-
c.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574660

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
NORMAN D. SPRINGER

Mailing Address 1626 East 203rd Street

City State Zip Code
 Westfield IN 46074-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574662

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
WILLIAM D ROBINSON

Mailing Address 739 East Jackson Street

City State Zip Code
 Martinsville IN 46151-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual
Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574663

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
GREGORY S SMITH

Mailing Address 2201 Woodlawn Road
PO Box 370

City State Zip Code
Lincoln IL 62656-9645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Marketing Services
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574666

Amount of Each Receipt this Period

15.00

B. Full Name (Last, First, Middle Initial)
ROSEMARY DEININGER

Mailing Address 12801 N. Central Expressway, Suite

City State Zip Code
Dallas TX 75243-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waldman Brothers

Occupation
Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574669

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MICHELLE S HOWARD

Mailing Address 2850 West Grand Boulevard

City State Zip Code
Detroit MI 48202-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Alliance Plan

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574671

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) KAY KNUTSON		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 11209 Academy Ridge Rd., NE		Transaction ID: 21574673
City State Zip Code Albuquerque NM 87111	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Presbyterian Health Plan	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

B. Full Name (Last, First, Middle Initial) ELEANOR BROCKHURST		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 1212 East Osborn Road, Suite 110		Transaction ID: 21574677
City State Zip Code Phoenix AZ 85014-5533	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Brockhurst & Associates Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C. Full Name (Last, First, Middle Initial) JOSEPH LEE HANNAH		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 3130 Chaparral Drive		Transaction ID: 21574679
City State Zip Code Roanoke VA 24018-4353	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CIGNA Healthcare	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 121

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. GERALD G HARTMAN

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

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574680

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. LORI J HEADLEY

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 Plan-
ning

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574681

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. RONALD M LEVINE

Mailing Address 3965 Johns Creek Ct., Suite- A

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARINSO International

Occupation

Vice President of Sales, SE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574684

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
NICHOLAS S. MASSEI, JR

Mailing Address 832 Humewick Way

City State Zip Code
Sunnyvale CA 94087-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massey Insurance Services
Agency

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574686

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
MICHAEL E MATZNICK

Mailing Address PO Box 38248
3300 Battleground Ave. #200 (2741)

City State Zip Code
Greensboro NC 27438-8248

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574687

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
DANIEL W. MCMAHON

Mailing Address 123 East 2nd Avenue

City State Zip Code
Spokane WA 99202-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones & Mitchell Insurance

Occupation
Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574688

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

MEL A SCHLESINGER

Mailing Address PO Box 30100

City State Zip Code
Winston Salem NC 27130-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rainmakers Group Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574690

Amount of Each Receipt this Period

85.00

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

JAMES D SCHULZ

Mailing Address 7101 S. 82nd St.

City State Zip Code
Lincoln NE 68516-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574691

Amount of Each Receipt this Period

85.00

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

JIM BOWMAN

Mailing Address 2701 West 15th Street, # 554

City State Zip Code
Plano TX 75075-7523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowman & Bowman Consultan-
ts Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574695

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAMES R STENGER

Mailing Address 268 South Street

City	State	Zip Code
Morristown	NJ	07960-6019

FEC ID number of contributing
federal political committee.**C**Name of Employer
NAS Financial ServicesOccupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574699

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

B. H Luke MCDERMOTT

Mailing Address 883 West Baxter Drive

City	State	Zip Code
South Jordan	UT	84095-8506

FEC ID number of contributing
federal political committee.**C**Name of Employer
McDermott Company & AssociatesOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574703

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. RICHARD E. WHEELER

Mailing Address 617 Highway 71, Building 2-6

City	State	Zip Code
Brielle	NJ	08730-1838

FEC ID number of contributing
federal political committee.**C**Name of Employer
Richard E. Wheeler Insurance ServicesOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574710

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

MARK C RILEY

Mailing Address PO Box 1635

City State Zip Code
 Irmo SC 29063

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Benefit Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574712

Amount of Each Receipt this Period

50.00

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

JOSEPH A. KELLIHER

Mailing Address 24 Sawyer Dr.

City State Zip Code
 Salem VA 24153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574716

Amount of Each Receipt this Period

30.00

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

STEPHEN SALAMON

Mailing Address PO Box 4252

City State Zip Code
 Timonium MD 21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574717

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAMES Shannon RICKETTS

Mailing Address 3900 Halisport Drive

City State Zip Code
 Kennesaw GA 30152

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574724

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. WAYNE S. SAKAMOTO

Mailing Address 2664 White Cedar Lane

City State Zip Code
 Naples FL 34109-0622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Insurance Interactive Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574726

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. EDWARD F BYRD

Mailing Address PO Box 50164

City State Zip Code
 Columbia SC 29250-0164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norris-Byrd Group Benefits LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574727

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JON SIVERS

Mailing Address 10731 Trenea St., # 109

City

San Diego

State

CA

Zip Code

92131-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPro Insurance Serv-
ices Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574728

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

CHRISTA MCCONATHY

Mailing Address 5171 Verdugo Way

City

Ventura

State

CA

Zip Code

93004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden West Dental Health
Plan

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574729

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

ERIC D. JOHNSON

Mailing Address 3510 Willow Ridge Drive

City

Arlington

State

TX

Zip Code

76017

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Southwest

Occupation

Life & Health Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574730

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
WILLIS H. GLAROS

Mailing Address PO Box 184

City	State	Zip Code
Dyer	IN	46311-0184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employer Benefit SystemsOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574732

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
TRISHA NORKET

Mailing Address PO Box 220748

City	State	Zip Code
Charlotte	NC	28222-0748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Serv-
icesOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574736

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
JAMES Randall SOUTHARD

Mailing Address 7204-B West Friendly Avenue

City	State	Zip Code
Greensboro	NC	27410-6383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Benefits Ass-
ociates LLCOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574738

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JENNIFER L. WENKE

Mailing Address 1395 Panther Lane, Suite 100

City State Zip Code
 Naples FL 34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutgert Smith Leshner Insu-
rance Inc.

Occupation

Sr. Customer Service Rep - L & H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574739

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. RAYMOND E. MAGNUSON

Mailing Address 9121 E. Tanque Verde Rd.#105, #309

City State Zip Code
 Tucson AZ 85749-8390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnuson and Associates

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574740

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JAMES L. SUGDEN

Mailing Address 2000 S Colorado Tower #1 #9000

City State Zip Code
 Denver CO 80222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Solutions
Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574741

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

ROBERT C TRETTER

Mailing Address 13016 Delmar Street

City	State	Zip Code
Leawood	KS	66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas McGee L.C.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574742

Amount of Each Receipt this Period

50.00

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

ANNE P SPERLING

Mailing Address 25 Antigua Road

City	State	Zip Code
Santa Fe	NM	87508-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniels Insurance Inc.Occupation
Employee Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574748

Amount of Each Receipt this Period

40.00

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

CAROLYNNE E. MULDOON

Mailing Address 457 Main Street

City	State	Zip Code
Longmont	CO	80501-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milestone Insurance AgencyOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 21574751

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
DESMOND X. SLATTERY

Mailing Address PO Box 256

City State Zip Code
 Spring Lake NJ 07762-0256

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
es Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574757

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
GREG HORSTMAN

Mailing Address N7940 Highway E

City State Zip Code
 Watertown WI 53094-9535

FEC ID number of contributing
federal political committee.

C

Name of Employer
WisconsinRx

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574761

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
VINCENT GUERRA

Mailing Address 514 Pettigru Street

City State Zip Code
 Greenville SC 29602-0168

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cason Group Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574762

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

ROSANNE WOLFE

Mailing Address 4600 East Swans Nest Road

City State Zip Code
Tucson AZ 85718-6248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolfe Insurance & Consult-
ants LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574763

Amount of Each Receipt this Period

10.00

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

RODNEY STUART

Mailing Address 9755 Randall Dr., # 101

City State Zip Code
Indianapolis IN 46280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations LLP

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574765

Amount of Each Receipt this Period

85.00

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

MICHELE H. MYERS

Mailing Address 85 North Danny Thomas Blvd.

City State Zip Code
Memphis TN 38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross Blueshield of
Tennessee

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574766

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
PHYLLIS MARTINSEN

Mailing Address 1108 West Boise Avenue, Suite 100

City State Zip Code
Boise ID 83706-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Byron Hyatt Erstad & Co

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574767

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
GLEN W. MULREADY

Mailing Address 1400 South Boston Avenue, 3rd Floor

City State Zip Code
Tulsa OK 74119-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
OK

Occupation
Vice President, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574768

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
DONALD L. MATHERN

Mailing Address 7650 Cherrywood Drive

City State Zip Code
Boise ID 83704-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialists

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574769

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
STEVEN T. WISNESKI

Mailing Address 4265 Grand Haven Road, Suite 200

City State Zip Code
Muskegon MI 49441-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Benefit Systems
Inc.

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
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574770

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
LISA S. DERYCKE

Mailing Address 2805 East Skelly Drive, Suite 808

City State Zip Code
Tulsa OK 74105-6366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Designs of Oklaho-
ma Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574772

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
DAN J. SCHWARTZER

Mailing Address 4600 American Parkway, Suite 208

City State Zip Code
Madison WI 53718-8334

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAHU

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574773

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
MISTY J. BAKER
Mailing Address 1501 West Ave., Suite B

City State Zip Code
Austin TX 78701-1560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lonestar Benefit Solutions

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574774

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
CATHERINE BAKAMUS
Mailing Address PO Box 9

City State Zip Code
Longview WA 98632-7009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bratrud Middleton Insuran-
ce Brokers

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574775

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
STEVEN L. WILSON
Mailing Address 1151 Red Mile Road

City State Zip Code
Lexington KY 40504-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Insurance Marketi-
ng

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574776

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOEL Neil NEWMAN

Mailing Address 3305 115th Ave. NE #301

City State Zip Code
 Bellevue WA 98004-7745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Supplemental Ins.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574777

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. RAY M. MUSSER

Mailing Address 404 North Second Avenue, Suite B

City State Zip Code
 Upland CA 91786-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray M. Musser & Associates
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574778

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. ERIC J JOHNSON

Mailing Address P.O. Box 244261

City State Zip Code
 Anchorage AK 99503-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Benefit Design

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574779

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

DALE R. LOWENSTEIN

Mailing Address PO Box 8577

City State Zip Code
 Calabasas CA 91372-8577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dale R. Lowenstein Insurance Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574783

Amount of Each Receipt this Period

50.00

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

CHARLES A WEBB

Mailing Address 15 S. Jefferson Street

City State Zip Code
 Roanoke VA 24011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574784

Amount of Each Receipt this Period

85.00

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

CHERYL S FARMER

Mailing Address 1755 East Bristol Street

City State Zip Code
 Elkhart IN 46514-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Resources Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574786

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) RAYMOND F. BUZA Mailing Address 215 South Olive Avenue, Suite 400 City State Zip Code West Palm Beach FL 33401-5643 FEC ID number of contributing federal political committee. C Name of Employer Palm Beach Insurance Adv- isory Group Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574793 Amount of Each Receipt this Period 60.00
B. Full Name (Last, First, Middle Initial) JEFF R. MILES Mailing Address 578 Washington Blvd., #801 City State Zip Code Marina del Rey CA 90292-5442 FEC ID number of contributing federal political committee. C Name of Employer The Miles Organization Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574801 Amount of Each Receipt this Period 85.00
C. Full Name (Last, First, Middle Initial) JAMES Randall SOUTHARD Mailing Address 7204-B West Friendly Avenue City State Zip Code Greensboro NC 27410-6383 FEC ID number of contributing federal political committee. C Name of Employer Professional Benefits Ass- ociates LLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: 21574803 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. MARK J. LAMBERTH

Mailing Address 1151 Red Mile Road

City State Zip Code
 Lexington KY 40504-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Insurance Marketi-
ng

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574811

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RICHARD P COBURN

Mailing Address 19 Minor Court

City State Zip Code
 San Rafael CA 94903-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Word & Brown

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574826

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. RICHARD P COBURN

Mailing Address 19 Minor Court

City State Zip Code
 San Rafael CA 94903-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Word & Brown

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574827

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) DAN WEBB			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 2108 24th St Ste 2			Transaction ID: 21574832	
City State Zip Code Bakersfield CA 93301-3748			Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer The Webb Insurance Group		Occupation Marketing Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
B. Full Name (Last, First, Middle Initial) RYAN A SAUL			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 1521 Technology Parkway P.O. Box 767			Transaction ID: 21574834	
City State Zip Code Cedar Falls IA 50613-6977			Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C				
Name of Employer PIPAC		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
C. Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 120 East Washington Street			Transaction ID: 21574836	
City State Zip Code Plymouth IN 46563-1744			Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer KL Benefits		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00		

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
HENRY John SULLIVAN
Mailing Address 523 Camilla Avenue

City State Zip Code
Roanoke VA 24014-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574842

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
JOHN Philip GARVEN
Mailing Address 11715 East Main Street - PO Box 8

City State Zip Code
Huntley IL 60142-6913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benico LTD

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574843

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
SHELLY K WINSON
Mailing Address PO Box 1914

City State Zip Code
Scottsdale AZ 85252-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
GroupLink Inc

Occupation
Individual Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574845

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code
Tyler TX 75701-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Threlkeld & Company Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574847

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
RYAN R. MCDERMOTT

Mailing Address 883 West Baxter Drive

City State Zip Code
South Jordan UT 84095-8506

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & Associates

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574848

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
RON J. NEZAT

Mailing Address PO Box 91180

City State Zip Code
Lafayette LA 70509-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resources Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574849

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway
Suite 230

City Norcross State GA Zip Code 30092-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services
Inc./ AA LaR

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574853

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ALINE H. ROBERTS

Mailing Address 3537 Old Conejo Road Suite 114

City Newberry Park State CA Zip Code 91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Dimensions

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574854

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

C. KRISTINE KASSEL

Mailing Address 4515 S McClintock Drive #206

City Tempe State AZ Zip Code 85282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits By Design Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574857

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 121

(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. DWIGHT A. HALL

Full Name (Last, First, Middle Initial)

Mailing Address 11555 North Meridian Street, Suite

City State Zip Code
 Carmel IN 46032-6945

FEC ID number of contributing federal political committee.

C

Name of Employer
Sagamore Health Network Inc.Occupation
Business Development Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574858

Amount of Each Receipt this Period

30.00

B. PATRICIA A GRIFFEY

Full Name (Last, First, Middle Initial)

Mailing Address 227 Dixie Way North Suite 210

City State Zip Code
 South Bend IN 46637

FEC ID number of contributing federal political committee.

C

Name of Employer
Page 1 Benefits Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574861

Amount of Each Receipt this Period

60.00

C. GREG J. SEIFERT

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 189
916 Main Street

City State Zip Code
 Vancouver WA 98666-0189

FEC ID number of contributing federal political committee.

C

Name of Employer
Biggs Insurance ServicesOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574862

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
PAUL E. SMITH
Mailing Address 124 Washington Street

City State Zip Code
Middletown CT 06457-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574866

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
KENNETH J. STATZ
Mailing Address PO Box 41068

City State Zip Code
Brecksville OH 44141-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Statz & Associates

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21574868

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
TERESA F DEBRUIN
Mailing Address 5880 Live Oak Parkway
Suite 230

City State Zip Code
Norcross GA 30092-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services
Inc./ AA LaR

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21579231

Amount of Each Receipt this Period

-30.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) B D CALVIN			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 7	
Mailing Address PO Box 101422			Transaction ID: 21601957	
City Anchorage State AK Zip Code 99510-1422			Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Calco Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00		
B. Full Name (Last, First, Middle Initial) MICHAEL KIELIAN			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 7	
Mailing Address PO Box 45279			Transaction ID: 21601964	
City Omaha State NE Zip Code 68145-0279			Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer The Harry A. Koch Company		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 675.00		
C. Full Name (Last, First, Middle Initial) GLEN RIENSCHKE			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 7	
Mailing Address 3601 Calvert, Ste. 1			Transaction ID: 21601965	
City Lincoln State NE Zip Code 68506			Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Advanced Insurance Services Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 GLEN RIENSCHÉ
 Mailing Address 3601 Calvert, Ste. 1

City State Zip Code
 Lincoln NE 68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Services Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601967

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
 TERRY IVES
 Mailing Address P O Box 3459

City State Zip Code
 San Clemente CA 92674-3459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Executive Financial Advisors Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601971

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
 DAVID FEAR
 Mailing Address 11160 Sun Center Drive, Suite A

City State Zip Code
 Rancho Cordova CA 95670-6121

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIMS Strategic Distribution Division

Occupation
Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601978

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

EUGENE ROWE

Mailing Address 16000 Ventura Blvd, Suite 1103

City State Zip Code
 Encino CA 91436-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer
R & R Insurance and Retirement Service

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601980

Amount of Each Receipt this Period

30.00

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

JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City State Zip Code
 Arlington VA 22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
Executive VP, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601981

Amount of Each Receipt this Period

85.00

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

ELIZABETH RIOS-CARL

Mailing Address 124 West Castellano Drive, Suite 2

City State Zip Code
 El Paso TX 79912-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodman Financial Group

Occupation
VP - Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601985

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City State Zip Code
 Omaha NE 68164-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross Blue Shield of
Nebraska

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601988

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. DAVID BERMAN

Mailing Address 6510 N. Shadeland Avenue

City State Zip Code
 Indianapolis IN 46220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neace Lukens Holding Comp-
any Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601992

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH ASHMORE

Mailing Address 7606 University Avenue, Suite B

City State Zip Code
 Lubbock TX 79423-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore Agency Inc

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601993

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
 Broken Arrow OK 74012-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21601996

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City State Zip Code
 Omaha NE 68130-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associa-
tes Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602001

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. ROBERT GRUNDMAN

Mailing Address 7412 Karl Drive

City State Zip Code
 Lincoln NE 68516-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602004

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

STEPHEN SALAMON

Mailing Address PO Box 4252

City State Zip Code
 Timonium MD 21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602012

Amount of Each Receipt this Period

10.00

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

LINDA ERLENCACH

Mailing Address 151 Belcourt Lane

City State Zip Code
 Aurora OH 44202-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.M. Erlenbach Inc.

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602019

Amount of Each Receipt this Period

30.00

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

LISA ILLS

Mailing Address 4455 East Camelback Road, Suite D2

City State Zip Code
 Phoenix AZ 85018-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glass Financial Group

Occupation
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602025

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

PAULA WILSON

Mailing Address PO Box 892740

City State Zip Code
 Temecula CA 92589-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paula L. Wilson Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602026

Amount of Each Receipt this Period

30.00

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

RODNEY STUART

Mailing Address 9755 Randall Dr., # 101

City State Zip Code
 Indianapolis IN 46280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations LLP

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602034

Amount of Each Receipt this Period

50.00

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

C.L. WESTMORELAND

Mailing Address PO Box 925

City State Zip Code
 Jackson MS 39205-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Public Life Insurance Company

Occupation
Director of Agency Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602037

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JACKIE SPRAGINS

Mailing Address PO Box 2073

City

Wichita Falls

State

TX

Zip Code

76307-2073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spragins Insurance Agency

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602041

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. LEAH-ANNE JANWAY

Mailing Address 211 North Robinson Avenue
One Leadership Square, Suite 450

City

Oklahoma City

State

OK

Zip Code

73102-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berryhill Insurance Agency
Inc.

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602042

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. WILLIAM ROBINSON

Mailing Address 100 S. Sunrise Way, PMB 364

City

Palm Springs

State

CA

Zip Code

92262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602044

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 BRUCE GARDNER
 Mailing Address 1502 West Avenue

City State Zip Code
 Austin TX 78701-1561

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bruce Gardner Insurance
 & Investments

Occupation
 Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602045

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)
 GEORGE CONDOS
 Mailing Address 7881 West Charleston Blvd. #140

City State Zip Code
 Las Vegas NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Leavitt Insurance Agency

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602047

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
 DENNIS RECKER
 Mailing Address 971 North Perry Street

City State Zip Code
 Ottawa OH 45875-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fawcett Lammon Recker
 & Associates

Occupation
 Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602048

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
LARRY KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City State Zip Code
 Ravenna OH 44266-1684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Insurance Servi-
ces Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602051

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
EUGENE EBERSOLE

Mailing Address PO Box 2886

City State Zip Code
 Gretna LA 70054-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates In-
c.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602054

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
RUSSELL CHILDERS

Mailing Address PO Box 1547

City State Zip Code
 Americus GA 31709-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers CLU

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602055

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. VIRGINIA D. SAFFORD

Mailing Address 5753 North River Road

City State Zip Code
 Waterville OH 43566-9765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Benefits

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602060

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. RICHARD HILL

Mailing Address 4435 O Street
 P.O. Box 30275

City State Zip Code
 Lincoln NE 68510-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602064

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. DONNA HILL

Mailing Address PO Box 724

City State Zip Code
 Snellville GA 30078-0724

FEC ID number of contributing
federal political committee.

C

Name of Employer
DDH Associates LLC

Occupation
Health Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602067

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. SUZANNE JOHNSON

Mailing Address 6235 Morrison Boulevard, Suite 302

City State Zip Code
 Charlotte NC 28211-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Employee Benefit
Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602073

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOHN PARKER

Mailing Address 47 Laurel Hill Drive

City State Zip Code
 Niantic CT 06357-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Agency

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602079

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. KATHRYN ANDERSON

Mailing Address P. O. Box 7648

City State Zip Code
 Tyler TX 75711-7648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategies In Employee Be-
nefits Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602081

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

KELLY FRISTOE

Mailing Address 807 8th Street, Suite 300
P.O. Box 4789

City State Zip Code
Wichita Falls TX 76308-0789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Partners

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602089

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

RYAN THORN

Mailing Address 10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ryan P. Thorn Insurance
Planning, Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602090

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

DAVID MOORE

Mailing Address PO Box 1006

City State Zip Code
Burlington NC 27216-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
David R. Moore CLU & Ass-
ociates

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602093

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JULIA A. JENNINGS

Mailing Address 500 Faunce Corner Rd
Bldg 100, Suite 120

City State Zip Code
Dartmouth MA 02747-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sylvia & Co. Ins. Agency
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602097

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MICHAEL E. CARMEAN

Mailing Address PO Box 7367
2300 Whittlesey Rd Suite A

City State Zip Code
Columbus GA 31908-7367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Marketing

Occupation
Vice President, Group Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1066.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602098

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. TAMMY WINN

Mailing Address 5113 Southwest Parkway #150

City State Zip Code
Austin TX 78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Insurance Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602103

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. THELMA KACZMAREK

Mailing Address 2633 State Route 59, Suite B
P O Box 345

City State Zip Code
Ravenna OH 44266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602104

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. WESLEY MOORE, III

Mailing Address P O Box 604

City State Zip Code
Darlington SC 29540-0604

FEC ID number of contributing
federal political committee.

C

Name of Employer
W P Moore Agency

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602108

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SUZY ALBERTS

Mailing Address 20700 Civic Center Drive
Ste 250

City State Zip Code
Southfield MI 48076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Serv-
ices

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602139

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. STEPHANIE M. DENZ

Mailing Address 5000 US Hwy 17, 18#314

City State Zip Code
Jacksonville FL 32003

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Southeast

Occupation
Field Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2007

Transaction ID: 21602155

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MARK A. SCHLANGE

Mailing Address P. O. Box 700

City State Zip Code
Bellevue NE 68005-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Benefit Consultant Group Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2007

Transaction ID: 21602159

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. GLORIA D. HOPPER

Mailing Address 6400 Fairview Road

City State Zip Code
Charlotte NC 28210-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Services Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2007

Transaction ID: 21602161

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
CYNTHIA DOUCET

Mailing Address P. O. Box 91180

City State Zip Code
 Lafayette LA 70509-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resources
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602164

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
JOSEPH ROBERTS

Mailing Address 7101 S. 82nd St., #B

City State Zip Code
 Lincoln NE 68516-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602165

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
LINDA FRIEDRICH

Mailing Address PO Box 30275

City State Zip Code
 Lincoln NE 68503-0275

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602168

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Phiifer

Mailing Address 5495 Belt Line Road, Suite 155

City State Zip Code
 Dallas TX 75254-7643

FEC ID number of contributing
federal political committee.

C

Name of Employer
SafeGuard Health Enterpri-
ses

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602179

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. DANIEL TOMPKINS, III

Mailing Address PO Box 1810
 800 Old Roswell Lakes Pkwy Suite 3

City State Zip Code
 Roswell GA 30077-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Admin America

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602188

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. ALAN SCHULMAN

Mailing Address 2003 Little Haven Court

City State Zip Code
 Olney MD 20832-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sors

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602200

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City State Zip Code
Salem VA 24153-7474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical CenterOccupation
Director of Provider Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602202

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
JOSHUA NACE

Mailing Address 936 North 34th Street, Suite 208

City State Zip Code
Seattle WA 98103-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dental Health Services
Inc.Occupation
Vice President Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602203

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
LISA WETHERTON

Mailing Address 4180 Providence Rd
Suite 200

City State Zip Code
Dahlonega GA 30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit DesignsOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602209

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
MARILYN VAN SANT
Mailing Address 268 South Street

City State Zip Code
Morristown NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial ServicesOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602211

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
JAMES S. GARBINA
Mailing Address 11949 Q Street

City State Zip Code
Omaha NE 68137-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry A. Koch Co.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602218

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
CHARLES LINEBERGER
Mailing Address 1536-A Union Rd

City State Zip Code
Gastonia NC 28054-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Partners Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602220

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
CATHERINE FICARA
Mailing Address 26999 Central Park Blvd.

City State Zip Code
Southfield MI 48076-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Financial Group LL-
CUnited

Occupation
Health Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602222

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
STEVEN J. SINKLER
Mailing Address 4320 114th St.

City State Zip Code
Urbandale IA 50322-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Benefits Ag-
ency

Occupation
Vice President of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602225

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MARYLOU HUDMAN
Mailing Address 5330 Bent Tree Forest Drive, Suite

City State Zip Code
Dallas TX 75248-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer
A Benefit Source

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602228

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. WILLIAM BUDDY ANDERSON

Mailing Address 498 Palm Springs Drive, Suite 270

City State Zip Code
 Altamonte Springs FL 32701-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Port

Occupation
Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602232

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MICHAEL NORRIS

Mailing Address PO Box 999
 295 E Palmer Street

City State Zip Code
 Franklin NC 28744-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayah Insurance Agency

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602237

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHARLES WAGNER

Mailing Address PO Box 9

City State Zip Code
 Burwell NE 68823-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Insurance
Agency Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602253

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 121

(check only one)

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

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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 PO Box 113113

City	State	Zip Code
Metairie	LA	70011-3113

FEC ID number of contributing federal political committee.

C

Name of Employer
Business Insurance GroupOccupation
Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602256

Amount of Each Receipt this Period

30.00

B. JESSICA WALTMAN

Full Name (Last, First, Middle Initial)

Mailing Address 10 Doyle Road

City	State	Zip Code
Wayne	PA	19087-3903

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602260

Amount of Each Receipt this Period

30.00

C. JAMES F. SUMMERS

Full Name (Last, First, Middle Initial)

Mailing Address 8420 West Dodge Road, Suite 510

City	State	Zip Code
Omaha	NE	68114-3432

FEC ID number of contributing federal political committee.

C

Name of Employer
Senior Market Sales Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 21602262

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
SUSAN R. PITTMAN

Mailing Address 32418 51st Avenue, SW

City State Zip Code
Federal Way WA 98023-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insure NW Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602291

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
ROBERT VERNON

Mailing Address PO Box 18251

City State Zip Code
Roanoke VA 24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRR Consulting Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602310

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
VICTORIA MAJOR-BELL

Mailing Address P O Box 540034

City State Zip Code
Lake Worth FL 33454-0034

FEC ID number of contributing
federal political committee.

C

Name of Employer
VMB Solutions

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602325

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
DAVID PERRY
Mailing Address 1634 Ryan Street

City State Zip Code
Lake Charles LA 70601-5949

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Perry Agency Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602339

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
R JENSEN
Mailing Address 6060 South Kenton Way

City State Zip Code
Englewood CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602360

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
Kenneth Sherlin
Mailing Address P. O. Box 1550

City State Zip Code
Asheville NC 28801-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Group

Occupation
Marketing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602365

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JOHN G. PRUE

Mailing Address 7311 West 132nd Street, Suite 200

City

Shawnee Mission

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21602369

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

18813.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 121

<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. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21574955

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

822.76

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Bank service charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21574967

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

56.84

Bank service charge

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21574969

Date of Disbursement

08 / 17 / 2007

Amount of Each Disbursement this Period

4.50

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)

884.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 / 121

<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
85072-3852

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21574971

Date of Disbursement

MM / DD / YY
08 / 21 / 2007

Amount of Each Disbursement this Period

105.28

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)

105.28

TOTAL This Period (last page this line number only)

989.38

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 121

<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. Tiberi For Congress

Mailing Address 2021 East Dublin Granville Road
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Contribution

Candidate Name
Rep. Patrick J. Tiberi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 20958086

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contribution

Candidate Name
Rep. Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 21071001

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Reed Committee, The

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jack Reed

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 1

Transaction ID: 21091554

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sue Wilkins Myrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 9

Transaction ID: 21264463

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of John Barrasso

Mailing Address 6896 CASPER MOUNTAIN RD

City Casper State WY Zip Code 82601

Purpose of Disbursement
Contribution

Candidate Name
John Barrasso

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: 21264460

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Zack Space For Congress Committee

Mailing Address 123 West High Avenue

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement
Contribution

Candidate Name
Rep. Zachary Space

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 21264464

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Buck McKeon For Congress

Mailing Address 23942 Lyons Avenue
#105

City Santa Clarita State CA Zip Code 91321

Purpose of Disbursement
Contribution

Candidate Name
Rep. Howard P. McKeon

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 25

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21283339

Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mary Bono Committee

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mary Bono

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 45

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21283670

Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tom Feeney For Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tom Feeney

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 24

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21283576

Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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. Friends Of Max Baucus

Mailing Address PO Box 586

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement
Contribution

Candidate Name
Sen. Max Baucus

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 21283347

Date of Disbursement

MM / DD / YY
08 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

14000.00