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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Health Underwriters PAC (HUPAC) P. O. Box 7135 ADDRESS (number and street) Check if different than previously DC 20044 Washington 7135 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00283135 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 08 0 1 2007 8 0 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jennifer Murphy, CPA Type or Print Name of Treasurer Electronically Filed by Jennifer Murphy, CPA 09 20 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name National Association of Health Underwriters PAC (HUPAC) D [®] D D 0.8 0 1 2007 8 0 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 41981.92 [°]2007 January 1 (b) Cash on Hand at 74543.16 Begining of Reporting Period 29063.18 236151.21 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 103606.34 278133.13 6(a) and 6(c) for Column B) 14998.20 189524.99 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 88608.14 88608.14 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

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 M

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^Y 2 0 0 7

To:

м м 8 0 ^D 3 1

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	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	18813.00	128332.00
	(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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28982.18	236058.21
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	12.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	81.00	81.00
8.	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
9.	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

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 998.20 46795.99 Expenditures..... (c) Total Operating Expenditures 998.20 46795.99 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 14000.00 141000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 27. Loans Made..... 0.00 28. Refunds of Contributions To: Individuals/Persons Other 0.00 1229.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 1229.00 (add Lines 28(a), (b), and (c)) 0.00 500.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 14998.20 189524.99 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

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
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	28982.18	234829.21
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	998.20	46795.99
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	998.20	46783.99

			11	FOR LINE NUMBER: PAGE 6 / 121
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Any or f	y information copied from such Reports and St or commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)	name and add	nood of any political committee to	Control Control Control Control
$ \rangle$	National Association of Health Underwi	riters PAC (HUPAC)	
	Transfia / locolialori or ricalir circorii	11010 1710 (
	Full Name (Last, First, Middle Initial)			22
	David C. Frye			Date of Receipt
	Mailing Address 4409 W. 71st Street			08 13 2007
	City	State	Zip Code	Transaction ID: 21221814
	Indianapolis	IN	46268-2269	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		400.00
	Name of Employer	Occupation	<u> </u>	+
	Frye Brokerage Company	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1		Contribution
	Other (specify)		400.00	
	Full Name (Last, First, Middle Initial) Kenneth L. Schmidt			Date of Receipt
	Mailing Address 1332 Hunters Hollow C	ourt		M M / D D / Y Y Y Y
				08 13 2007
	City	State	Zip Code	Transaction ID: 21230641
	Eureka	MO	63025-1051	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer MSM&F	Occupation		
	-		Consultant	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		800.00	Contribution
	Carlot (openity)	0 0	1 1 1 1 1 1 1 1	
	Full Name (Last, First, Middle Initial)			
_	David Baker			Date of Receipt
	Mailing Address 2646 Highway Ave			08 21 2007
	City	State	Zip Code	Transaction ID: 21244552
	Highland	IN	46322-1661	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	1	7
	Professional Insurance Mg- t. Co	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	
	Other (specify)		750.00	
eı	JBTOTAL of Receipts This Page (optional)			1000.00
-	THIS FAGE (OPHORIAL)		······································	

COLLEDING A (FEO Forms OV)		Г		FOR LINE NUMBER: PAGE 7 / 121	
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)	
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۸۰	y information copied from such Reports and Sta	tomonto mov	not be cold or used by any person		
or	for commercial purposes, other than using the n	ame and add	ress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	National Association of Health Underwri	iters PAC (I	HUPAC)		
Α.	Full Name (Last, First, Middle Initial) Robert K Nitsche			Date of Receipt	
	Mailing Address 143 East Austin			08 31 2007	
	City	State	Zip Code	Transaction ID: 21574177	
	Giddings	TX	78942	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Insurance Network of Texas	Occupation Manager	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) R J Nitsche			Date of Receipt	
	Mailing Address 143 East Austin			M M / D D / Y Y Y Y	
				08 31 2007	
	City	State	Zip Code	Transaction ID: 21574178	
	Giddings	TX	78942	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Insurance Network of Texas	Occupation	1		
		Manager	· · · · · ·		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)	' '	250.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)			Data of Bassint	
U.	David P Ferguson Mailing Address 143 Fast Austin			Date of Receipt	
	Mailing Address 143 East Austin			08 31 2007	
	City	State	Zip Code	Transaction ID: 21574179	
	Giddings	TX	78942	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Insurance Network of Texas	Occupation Manager	1		
	Receipt For:	 	Year-to-Date ▼	\dashv	
	Primary General	, iggi cgale	Total to Duto ¥	1	
	Other (specify)		250.00		
				1	
_	UDTOTAL (D. 11. TU. D. 11. T.			750.00	
Ls	UBTOTAL of Receipts This Page (optional)		······		

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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Patty Brown			Date of Receipt
	Mailing Address 3660 Guenther Road			08 31 7 2007
	City	State	Zip Code	Transaction ID: 21574180
	La Grange	TX	78945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Insurance Network of Texas	Occupation Manager	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	250.00	
				4
В.	Full Name (Last, First, Middle Initial) Ashley Mutschink			Date of Receipt
	Mailing Address 1017 Main Street			M M / D D / Y Y Y
				08 31 2007
	City	State	Zip Code	Transaction ID: 21574181
	Bastrop	TX	78602	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
		10 "		_
	Name of Employer Insurance Network of Texas	Occupation		
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)]
	Full Name / Least First Middle Letter			
C.	Full Name (Last, First, Middle Initial) Gary Nitsche			Date of Receipt
•	Mailing Address 2838 Guenther Road			M M / D D / Y Y Y Y
	2000 Chefittler Hoad			08 31 2007
	City	State	Zip Code	Transaction ID: 21574185
	La Grange	TX	78945	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Insurance Network of Texas	Occupation	1	
		Manager		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	11
	Other (specify)		250.00	
_				
				750.00
s	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 121
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) Kenneth L. Schmidt			Date of Receipt
	Mailing Address 1332 Hunters Hollow Co	ourt		08 31 2007
	City	State	Zip Code	Transaction ID: 21574186
	Eureka	MO	63025-1051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer MSM&F	Occupation Benefits (n Consultant	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		900.00	
В.	Full Name (Last, First, Middle Initial) ROBERT SKINNER			Date of Receipt
	Mailing Address 6612 East 75th Street, 3	Suite 200		M M / D D / Y Y Y Y
				08 31 2007
	City	State	Zip Code	Transaction ID: 21574190
	Indianapolis	<u>IN</u>	46250-2876	Amount of Each Receipt this Period
	FEC ID number of contributing	С		25.00
	federal political committee.			
	Name of Employer	Occupation	1	
	GroupLink Ihc.	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	225.00	
	Other (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) B D CALVIN			Date of Receipt
٠.	Mailing Address PO Box 101422			M M / D D / Y Y Y Y
				08 31 2007
	City	State	Zip Code	Transaction ID: 21574191
	Anchorage	AK	99510-1422	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.			
	Name of Employer Calco Inc.	Occupation		
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	765.00	
	☐ Other (specify) ♥		1 1 1 1 1 1 1	1
	IIDTOTAL of Descripto This Descriptorally		_	210.00
\vdash	UBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X)

PAGE 10 / 121 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) SUE WILSON Date of Receipt Mailing Address P. O. Box 12816 08 2007 3 1 Zip Code City State Transaction ID: 21574192 Oklahoma City OK 73157 Amount of Each Receipt this Period FEC ID number of contributing 25.00 C federal political committee. Name of Employer Sue Wilson Brokerage Inc. Occupation President Receipt For: Aggregate Year-to-Date ▼ General Primary 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. MICHAEL KIELIAN Date of Receipt Mailing Address PO Box 45279 8 0 31 2007 City Zip Code Transaction ID: 21574195 State Omaha NE 68145-0279 Amount of Each Receipt this Period FEC ID number of contributing C 85.00 federal political committee. Name of Employer The Harry A. Koch Company Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) Full Name (Last, First, Middle Initial) C. GLEN RIENSCHE Date of Receipt Mailing Address 3601 Calvert, Ste. 1 2007 08 3 1 Zip Code Citv State Transaction ID: 21574196 Lincoln NE 68506 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Advanced Insurance Servic-Occupation Insurance Agent es Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 11 / 121
ITEMIZED RECEIPTS		or each category of the		(check only one)	
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b	11c 12
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Ar	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciti solicit contributions from s	ng contributions uch committee.
	NAME OF COMMITTEE (In Full)		7,7		
$ \rangle$	National Association of Health Underwrit	ters PAC (HUPAC)		
\angle		`	,		
Α.	Full Name (Last, First, Middle Initial) GLEN RIENSCHE			Date of Receipt	
Α.	Mailing Address 3601 Calvert, Ste. 1			M M / D D	/ Y Y Y Y
	Mamig Address 3001 Gaivert, Ste. 1			0 8 3 1	2007
	City	State	Zip Code	Transaction ID: 215	574197
	Lincoln	NE	68506	Amount of Each Rec	eipt this Period
	FEC ID number of contributing				30.00
	federal political committee.	C			30.00
	Name of Employer	Occupation	<u> </u>	+	
	Name of Employer Advanced Insurance Servic-	Insurance			
	es Inc. Receipt For:		Year-to-Date ▼		
	Primary General	00 0			
	Other (specify) ▼	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) TERRY IVES			Date of Receipt	
٥.	Mailing Address P O Box 3459			M M / D D	/ Y
				08 31	2007
	City	State	Zip Code	Transaction ID: 215	574200
	San Clemente	CA	92674-3459	Amount of Each Rec	eipt this Period
	FEC ID number of contributing	С			30.00
	federal political committee.	C			00.00
	Name of Employer Executive Financial Advis-	Occupation	1	1	
	Executive Financial Advisors Inc.	Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		270.00		
	Other (specify) ▼	0 0	270.00		
_	Full Name (Last, First, Middle Initial)				
C.	DAVID FEAR			Date of Receipt	
	Mailing Address 11160 Sun Center Drive	Suite A		0 8 3 1	2007
	City	State	Zip Code	Transaction ID: 215	
	Rancho Cordova	CA	95670-6121	Amount of Each Rec	
	FEC ID number of contributing		00070 0121	Amount of Each Fiec	
	federal political committee.	C			85.00
	· · · · · · · · · · · · · · · · · · ·				
	Name of Employer CIMS Strategic Distributi-	Occupation			
	on Division Receipt For:		of Strategic Distribution Year-to-Date ▼	\dashv	
	Primary General	Aggregate	Total to Date 🔻		
	Other (specify)		1125.00		
	•				
s	UBTOTAL of Receipts This Page (optional)				145.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/121			
TEMIZED RECEIPTS			or each category of the	(check only one)			
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)				
۹.	Full Name (Last, First, Middle Initial) EUGENE ROWE			Date of Receipt			
	Mailing Address 16000 Ventura Blvd, Suit	e 1103		08 / 31 / Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 21574205			
	Encino	CA	91436-2767	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer R & R Insurance and Retir- ement Service	Occupation					
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼	1 1	270.00				
3.	Full Name (Last, First, Middle Initial) JANET TRAUTWEIN-STOKES			Date of Receipt			
	Mailing Address 2000 N 14th Street			08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 21574206			
	Arlington	VA	22201	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		85.00			
	Name of Employer NAHU	Occupation		7			
	Receipt For:		e VP, CEO e Year-to-Date ▼	-			
	Primary General	riggiogaic		1			
	Other (specify) ▼	0 0	765.00				
).	Full Name (Last, First, Middle Initial) ELIZABETH RIOS-CARL			Date of Receipt			
	Mailing Address 124 West Castellano Driv	ve, Suite 2	2	08 31 7 2007			
	City	State	Zip Code	Transaction ID: 21574208			
	El Paso	TX	79912-6139	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		30.00			
	Name of Employer Goodman Financial Group	Occupation VP - Emp	n Dloyee Benefits				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		270.00				
s	SUBTOTAL of Receipts This Page (optional)						
_			_				
T	OTAL This Period (last page this line number onl	y)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit		,	
/ А .	Full Name (Last, First, Middle Initial) THOMAS EVANS Mailing Address 7261 Mercy Rd. City Omaha FEC ID number of contributing federal political committee. Name of Employer BlueCross Blue Shield of Nebraska Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) DAVID BERMAN	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / 31 / 2007 Transaction ID: 21574210 Amount of Each Receipt this Period 85.00
3.	Mailing Address 6510 N. Shadeland Aven City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Neace Lukens Holding Company Inc. Receipt For: Primary General Other (specify) ▼	State IN C C C Cocupation Insurance		Date of Receipt M M M / 31 / 2007 Transaction ID: 21574212 Amount of Each Receipt this Period 60.00
- .	Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE Mailing Address 7606 University Avenue, City Lubbock FEC ID number of contributing federal political committee. Name of Employer Ashmore Agency Inc Receipt For: Primary General Other (specify)	State TX C C C Cocupation Insurance		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21574213 Amount of Each Receipt this Period 100.00
S	UBTOTAL of Receipts This Page (optional)			245.00
Т	OTAL This Period (last page this line number on	v)	.	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 121			
	EMIZED RECEIPTS		or each category of the	(check only one)			
	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12			
_				13 14 15 16 17			
or i	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	r not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwrit	ers PAC (HUPAC)				
۹.	Full Name (Last, First, Middle Initial) Timothy Hendricks			Date of Receipt			
	Mailing Address 1605 S Eucalyptus Ave			08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 21574215			
	Broken Arrow	OK	74012-5906	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Business Planning Group Of OK	Occupation Insurance					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		900.00				
	Other (specify) ▼	0 0	300.00				
3.	Full Name (Last, First, Middle Initial) Kathryn Beals			Date of Receipt			
	Mailing Address 501 E Washington Ave		08 / 31 / Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 21574217			
	Madison	WI	53703-2914	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Wisconsin Manufactures &	Occupation					
	Commerce	Insurance					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		230.00				
— Э.	Full Name (Last, First, Middle Initial) MARY KRAMER			Date of Receipt			
	Mailing Address 2637 South 158th Plaza,	Suite 200		08 / 31 / 2007			
	City	State	Zip Code	Transaction ID: 21574218			
	<u>Omaha</u>	NE	68130-1769	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer Holmes Murphy and Associa-	Occupation Vice Pres					
	tes Inc. Receipt For:		Year-to-Date ▼	-			
	Primary General	00 0		1			
	Other (specify) ▼	0 0	360.00				
sı	SUBTOTAL of Receipts This Page (optional)						
т,	OTAL This Period (last page this line number onl	(v)	•				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
A .	Senior Repetit Strategies	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	InfiniSource Inc	State MI C Occupation Regional	Zip Code 49036-1981 n Sales Manager e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Heritage Financial Concul-	State MD C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21574225 Amount of Each Receipt this Period 10.00
s	UBTOTAL of Receipts This Page (optional))	70.00
т	OTAL This Period (last page this line number only	/)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 121
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Betailed Carrinary Fage	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) LINDA ERLENCACH			Date of Receipt
	Mailing Address 151 Belcourt Lane			08 31 YYYY 2007
	City	State	Zip Code	Transaction ID: 21574229
	Aurora	OH	44202-8438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer L.M. Erlenbach Inc.	Occupation Benefits (n Consultant	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	/ iggi ogalo	Tour to Bate V	1
	Other (specify) ▼		370.00	
			0 0 0 0 0 0 0	4
В.	Full Name (Last, First, Middle Initial) LISA ILLS			Date of Receipt
	Mailing Address 4455 East Camelback F	Road, Suite	D2	M M / D D / Y Y Y Y
				08 31 2007
	City	State	Zip Code	Transaction ID: 21574233
	Phoenix	AZ	85018-2865	Amount of Each Receipt this Period
	FEC ID number of contributing	С		35.00
	federal political committee.			30.00
	Name of Employer	Occupation	1	_
	Glass Financial Group		e Benefit Consultant	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		105'00'	1
	Other (specify) ▼	0 0	425.00	
_	Full Name (Last, First, Middle Initial)			
C.	PAULA WILSON			Date of Receipt
	Mailing Address PO Box 892740			08 31 2007
	City	State	Zip Code	Transaction ID: 21574234
	Temecula	CA	92589-2740	Amount of Each Receipt this Period
	FEC ID number of contributing			30.00
	federal political committee.	C		30.00
	Name of Employer Paula L. Wilson Inc.	Occupation		
		Insurance	•	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		240.00	1
	Other (specify)		270.00	1
				95.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	33.00
1				

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 121	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δr	y information copied from such Reports and Sta	atemente may	y not be sold or used by any perso		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Health Underwr	iters PAC (HUPAC)		
A.	Full Name (Last, First, Middle Initial) RODNEY STUART			Date of Receipt	
	Mailing Address 9755 Randall Dr., # 101			08 31 2007	
	City	State	Zip Code	Transaction ID: 21574239	
	Indianapolis	IN	46280	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Benefit Innovations LLP	Occupation Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General		1035.00	1	
	Other (specify)	0 0	1000.00	1	
В.	Full Name (Last, First, Middle Initial) C.L. WESTMORELAND			Date of Receipt	
	Mailing Address PO Box 925			08	
	City	State	Zip Code	Transaction ID: 21574241 Amount of Each Receipt this Period	
	Jackson	MS	39205-0925		
	FEC ID number of contributing				
	federal political committee.	C		30.00	
	Name of Employer	Occupation	1		
	American Public Life Insu- rance Company	Director of	of Agency Development		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		270.00		
	Other (specify)	0 0		1	
<u>с.</u>	Full Name (Last, First, Middle Initial) JACKIE SPRAGINS			Date of Receipt	
	Mailing Address PO Box 2073			M M / D D / Y Y Y Y	
	City	State	Zip Code	08 31 2007	
	Wichita Falls	TX	76307-2073	Transaction ID: 21574244 Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee. Name of Employer Spraging Including Agency Occup			30.00	
				7	
insu		Insurance	e Agent • Year-to-Date ▼		
	Primary General		Teal-to-Date V	1	
	Other (specify)		270.00		
Г					
s	UBTOTAL of Receipts This Page (optional)			110.00	
			_		
ΙT	OTAL This Period (last page this line number of	nly)			

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 18 / 121			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any person	on for the purpose of soliciting contributions		
CI		iairie ariu auc	ness of any political committee to	Solicit contributions from Such committee.		
	NAME OF COMMITTEE (In Full)	tere DAC (LILIDAC)			
	National Association of Health Underwr	ilers PAC (HUPAC)			
Α.	Full Name (Last, First, Middle Initial) WILLIAM ROBINSON			Date of Receipt		
	Mailing Address 100 S. Sunrise Way, PM	/IB 364		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code			
	Palm Springs	CA	92262	Transaction ID: 21574246		
		UA	92202	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer Palm Canyon Insurance Age-	Occupation		7		
	ncy	Insurance				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)	' '	740.00			
	Carlor (openity) 🔻	0 0				
В.	Full Name (Last, First, Middle Initial) BRUCE GARDNER			Date of Receipt		
	Mailing Address 1502 West Avenue			M M / D D / Y Y Y Y		
	011	01-1-	7'- 01-	08 31 2007		
	City	State	Zip Code	Transaction ID: 21574247		
	Austin	TX	78701-1561	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer	Occupation	1	_		
	Bruce Gardner Insurance		ed Representative			
	& Investments Receipt For:		Year-to-Date ▼			
	Primary General	33 15		1		
	Other (specify) ▼	0 0	720.00			
_	Full Name (Last, First, Middle Initial)			Date of Descript		
C.	GEORGE CONDOS Mailing Address 7881 West Charleston E	2lvd #140		Date of Receipt		
	7001 West Charleston	51VU. #14U		08 31 2007		
	City	State	Zip Code	Transaction ID: 21574248		
	Las Vegas	NV	89117	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		30.00		
	federal political committee.					
	Name of Employer Leavitt Insurance Agency	Occupation Insurance				
	Receipt For:		Year-to-Date ▼	_		
	Primary General	33. 394.0		1		
	Other (specify) ▼	1	270.00			
				105.00		
s	UBTOTAL of Receipts This Page (optional)			195.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/121
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Stater	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	National Association of Health Underwrite	rs PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) DENNIS RECKER			Date of Receipt
	Mailing Address 971 North Perry Street			08 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574249
	Ottawa	OH	45875-1218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Fawcett Lammon Recker	Occupation		
	& Associates F		ed Representative Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	rear-to-Date ▼	1
	Other (specify)		270.00	
3.	Full Name (Last, First, Middle Initial) STEVEN H. DODDER			Date of Receipt
	Mailing Address PO Box 2069	0 8		
	City	State	Zip Code	Transaction ID: 21574250
	Monument	CO	80132-2069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Time Insurance/Assurant	Occupation	1	7
	Health		Sales Director	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		220.00	
).	Full Name (Last, First, Middle Initial) LARRY KACZMAREK			Date of Receipt
	Mailing Address 2633 State Route 59, Suite	e B		M M / D D / Y Y Y Y
			7: 0 /	08 31 2007
	City	State	Zip Code	Transaction ID: 21574251
	Ravenna	ОН	44266-1684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Kaazmarak Incúranaa Sarvi	Occupation		7
	ces Inc.	nsurance		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	900.00	
s	UBTOTAL of Receipts This Page (optional)			190.00
	,		•	
т	OTAL This Period (last page this line number only))	•	

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 121
	EMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED TILOLII 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit	ers PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) EUGENE EBERSOLE			Date of Receipt
	Mailing Address PO Box 2886			08 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574253
	Gretna	LA	70054-2886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Ebersole & Associates In-	Occupation Insurance		
	c. Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	865.00	
В.	Full Name (Last, First, Middle Initial) RUSSELL CHILDERS			Date of Receipt
	Mailing Address PO Box 1547			08 31 YYYYY 2007
	City	Zip Code	Transaction ID: 21574254	
	Americus	GA	31709-1547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Russ Childers CLU	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		370.00	
<u> </u>	Full Name (Last, First, Middle Initial) VIRGINIA D. SAFFORD			Date of Receipt
	Mailing Address 5753 North River Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574257
	Waterville	ОН	43566-9765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Group Health Benefits	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 370.00	
s	UBTOTAL of Receipts This Page (optional)			145.00
$\overline{}$				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 21 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)	1
•			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso		
or	or commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from s	such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\geq	National Association of Health Underwrit	ers PAC (HUPAC)		
۹.	Full Name (Last, First, Middle Initial) RICHARD HILL			Date of Receipt	
	Mailing Address 4435 O Street P.O. Box 30275			08 / 31	2007
	City	State	Zip Code	Transaction ID: 21	
	Lincoln	NE	68510-1842	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			60.00
	Name of Employer UNICO Financial Services Inc.	Occupation Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General		540.00	1	
	Other (specify) ▼	0 0	340.00		
3.	Full Name (Last, First, Middle Initial) DONNA HILL			Date of Receipt	
	Mailing Address PO Box 724	08 / 31	2007		
	City	State	Zip Code	Transaction ID: 21	574262
	Snellville	GA	30078-0724	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer DDH Associates LLC	Occupation			
	Receipt For:		surance Agent Year-to-Date ▼	_	
	Primary General	Aggregate	: Teal-to-Date V	1	
	Other (specify) ▼		875.00		
	Full Name (Last, First, Middle Initial) SUZANNE JOHNSON			Date of Receipt	
	Mailing Address 6235 Morrison Boulevard	I, Suite 30	2	08 / 31	2007
	City	State	Zip Code	Transaction ID: 21	
	<u>Charlotte</u>	NC	28211-3508	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer Strategic Employee Benefit	Occupation			
	Services	Insurance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)		360.00		
		0 0	0 0 0 0 0 0 0	1	
SI	JBTOTAL of Receipts This Page (optional)				225.00
т	OTAL This Period (last page this line number onl	ly))		

SCHEDULE A (FEC Form 3X)

TOTAL This Period (last page this line number only)

PAGE 22 / 121 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) JOHN PARKER Date of Receipt Mailing Address 47 Laurel Hill Drive 08 2007 3 1 Zip Code City State Transaction ID: 21574270 **Niantic** CT 06357-1536 Amount of Each Receipt this Period FEC ID number of contributing 90.00 C federal political committee. Name of Employer Parker Agency Occupation Principal Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) Full Name (Last, First, Middle Initial) B. RYAN THORN Date of Receipt Mailing Address 10342 South Springcrest Lane 8 0 31 2007 City State Zip Code Transaction ID: 21574277 South Jordan UT 84095-4538 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Ryan P. Thorn Insurance Planning Inc. Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) C. DAVID MOORE Date of Receipt Mailing Address PO Box 1006 2007 08 3 1 City State Zip Code Transaction ID: 21574279 Burlington NC 27216-1006 Amount of Each Receipt this Period FEC ID number of contributing 85.00 C federal political committee. Name of Employer David R. Moore CLU & Ass-Occupation Insurance Agent ociates Receipt For: Aggregate Year-to-Date ▼ Primary General 865.00 Other (specify) 205.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE N		PAGE 23 / 121
ITEMIZED RECEIPTS		or each category of the		(check only or	,	
•••	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
				13	14	15 16 17
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persor dress of any political committee to s	n for the purpos solicit contributi	e of solicit	ting contributions such committee.
	NAME OF COMMITTEE (In Full)					
$ \rangle$	National Association of Health Underwri	ters PAC (HIIPAC)			
\angle	National Association of Fleatin Gradiwin	1013 1 710 (1101710)			
Α.	Full Name (Last, First, Middle Initial) JULIA A. JENNINGS			Date of Re	acaint	
Λ.	Mailing Address 500 Faunce Corner Rd			M M /	•	/ Y Y Y Y
	Bldg 100, Suite 120			0.8	3 1	2007
	City	State	Zip Code	Transaction	on ID: 21	574281
	Dartmouth	MA	02747-1278			ceipt this Period
	FEC ID number of contributing				1 1	
	federal political committee.	C				30.00
	Name of Employer Sylvia & Co. Ins. Agency	Occupation				
	Inc.	Insurance		_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	270.00			
	Other (specify)					
_	Full Name (Last, First, Middle Initial)					
В.	MICHAEL E. CARMEAN			Date of Re	eceipt	
	Mailing Address PO Box 7367	_		M M /		/ Y Y Y Y
	2300 Whittlesey Rd Suit		7:- 0 - 1 -	0.8	3 1	2007
	City	State	Zip Code	Transaction		
	Columbus	GA	31908-7367	Amount of	f Each Re	ceipt this Period
	FEC ID number of contributing	C				100.00
	federal political committee.					
	Name of Employer Paragon Marketing	Occupation	า			
	Paragon Marketing	Vice Pres	sident, Group Sales & Market	inj		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		1166.00			
	Other (specify) ▼		1166.00			
_	Full Name (Last First Middle Initial)					
C.	Full Name (Last, First, Middle Initial) TAMMY WINN			Date of Re	eceipt	
	Mailing Address 5113 Southwest Parkwa	y #150		M M /	DDD	/ Y Y Y Y Y
	Cit.	Ctata	7in Oada	0.8	3 1	2007
	City	State	Zip Code	Transaction		
	Austin	TX	78735	Amount of	Lach Re	ceipt this Period
	FEC ID number of contributing	C				30.00
	federal political committee.					
	Name of Employer	Occupation	า	1		
	Pro Insurance Services	Insurance	-			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼		230.00			
_						
					-	160.00
S	UBTOTAL of Receipts This Page (optional)		·····			100.00
\vdash						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 121 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite		,	
۸.	Full Name (Last, First, Middle Initial) THELMA KACZMAREK Mailing Address 2633 State Route 59, Suir P O Box 345			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574286
	Ravenna FEC ID number of contributing federal political committee.	ОН	44266	Amount of Each Receipt this Period 100.00
	Kaczmarek Ine Services	Occupation Insurance Aggregate		
3.	Full Name (Last, First, Middle Initial) CAROL MATZNICK Mailing Address PO Box 38905			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code			Transaction ID: 21574288
	Greensboro	NC	27438-8905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	North Carolina AHII		e Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
<u> </u>	Full Name (Last, First, Middle Initial) WESLEY MOORE, III			Date of Receipt
	Mailing Address P O Box 604			08 / 31 / Y Y Y Y Y Y
	City Darlington	State SC	Zip Code 29540-0604	Transaction ID: 21574289
	FEC ID number of contributing federal political committee.	C	29340-0004	Amount of Each Receipt this Period 100.00
	W P Moore Agénoy	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			230.00
т.	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 121 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) TIMOTHY BYRNE			Date of Receipt
	Mailing Address 3113 West Beltline Highw	vay		0 8
	City	State	Zip Code	Transaction ID: 21574299
	Madison FEC ID number of contributing federal political committee.	C	53713-2830	Amount of Each Receipt this Period 25.00
	Name of Employer Mortenson Matzelle & Mel- drum Receipt For: Primary Other (specify) ▼	Occupation Insurance Aggregate		
3.	Full Name (Last, First, Middle Initial) KIMBERLY MARTIN Mailing Address 180 Charlotte Highway			Date of Receipt 0 8 3 1 2 0 0 7
	City	State NC	Zip Code	Transaction ID: 21574303
	Asheville FEC ID number of contributing federal political committee.	C	28803-9673	Amount of Each Receipt this Period 40.00
	Name of Employer Ebenconcepts	Occupation Insurance	e Agent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
) .	Full Name (Last, First, Middle Initial) THERESA OLSON			Date of Receipt
	Mailing Address P. O. Box 21479			08 / 31 / Y Y Y Y Y
	City <u>Ke</u> izer	State OR	Zip Code 97307	Transaction ID: 21574308 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37507	25.00
	Name of Employer Baglien-Olson Insurance		ent Agent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
s	UBTOTAL of Receipts This Page (optional)			90.00
			<u>-</u>	

SCHEDULE A (FEC Form 3X)		Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 26 / 121	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
0.	NAME OF COMMITTEE (In Full)	iame and add	iress of any political committee to	Solicit contributions from such committee.
	National Association of Health Underwr	itoro DAC (LITIDAC)	
	National Association of Health Onderwi	ileis PAC (HUPAC)	
	Full Name (Last, First, Middle Initial)			
A.	SUZY ALBERTS			Date of Receipt
	Mailing Address 20700 Civic Center Driv	е		08 31 2007
	Ste 250	State	Zip Code	
	City Southfield	MI	48076	Transaction ID: 21574310
		IVII	40070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	·			
	Name of Employer Comerica Insurance Servic-	Occupation		
	es Descipt For:	Insurance	e Agent • Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	rear-to-Date V	
	Other (specify)		270.00	
			0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 9494 West Fairview Ave	e., # C		08 31 2007
	City	State	Zip Code	Transaction ID: 21574316
	Boise	ID	83704-8198	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer	Occupation	1	+
	Name of Employer Scott Leavitt Insurance & Financial Se	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		222.22	1
	Other (specify) ▼		230.00	
C.	Full Name (Last, First, Middle Initial) STEPHANIE M. DENZ			Date of Receipt
	Mailing Address 5000 US Hwy 17, 18#3	14		M M / D D / Y Y Y Y
				08 31 2007
	City	State	Zip Code	Transaction ID: 21574321
	<u>Jacksonville</u>	FL	32003	Amount of Each Receipt this Period
	FEC ID number of contributing	С		30.00
	federal political committee.	0		
	Name of Employer BenefitPort Southeast	Occupation	1	
		Field Sale	es Representative	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	
	Other (specify)		000.00	
	LIDTOTAL of Descints This Description of		_	90.00
\vdash	UBTOTAL of Receipts This Page (optional)			
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	: PAGE 27 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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Δ.	winformation conied from such Deports and C	tatamanta mai	, not be cold or used by any never	13 14	15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fron	n such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	National Association of Health Underw	riters PAC (HUPAC)		
\angle		,	,		
	Full Name (Last, First, Middle Initial)			5	
Α.	MARK A. SCHLANGE			Date of Receipt	
	Mailing Address P. O. Box 700			08 3	2007
	City	State	Zip Code	Transaction ID: 2	
	Bellevue	NE	68005-0700	Amount of Each F	
	FEC ID number of contributing			7 11111001111 01 200111	
	federal political committee.	C			30.00
	Name of Caralana	10		_	
	Name of Employer The Benefit Consultant Gr-	Occupation Agent	1		
	oup Inc. Receipt For:		e Year-to-Date ▼		
	Primary General	riggrogate	Tour to Bate V	1	
	Other (specify) ▼	l I	270.00		
				1	
	Full Name (Last, First, Middle Initial)				
В.	GLORIA D. HOPPER			Date of Receipt	
	Mailing Address 6400 Fairview Road			08 3	2007
	City	State	Zip Code	Transaction ID: 2	
	Charlotte	NC	28210-3237	Amount of Each F	
			20210 0201	Amount of Laciff	
	FEC ID number of contributing federal political committee.	C			40.00
				_	
	Name of Employer Wachovia Insurance Servic-	Occupation			
	es Inc. Receipt For:	Insurance	e Year-to-Date V		
	Primary General	Aggregate	FIEGI-IO-Date V	1	
	Other (specify)		360.00		
				1	
_	Full Name (Last, First, Middle Initial)	-		_	
C.	CYNTHIA DOUCET			Date of Receipt	
	Mailing Address P. O. Box 91180			08 3	
	City	State	Zip Code	Transaction ID: 2	
	Lafayette	LA	70509-1180	Amount of Each F	
	FEC ID number of contributing	C			
	federal political committee.				30.00
Name of Employer Global Financial Resources Inc. Receipt For: Primary General Occupat Insurar Aggrega		Occupation	2	_	
			Year-to-Date ▼		
		1 33 13		1	
Other (specify) ▼			270.00		
		·			100.00
s	UBTOTAL of Receipts This Page (optional)				100.00
				-	
T	OTAL This Period (last page this line number	only)	>		

C				FOR LINE NUMBER: PAGE 28 / 121
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any personantes to different to the sold or used by any personal by any	on for the purpose of soliciting contributions oscilicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JOSEPH ROBERTS			Date of Receipt
	Mailing Address 7101 S. 82nd St., #B			08 31 2007
	City	State	Zip Code	Transaction ID: 21574328
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Midlands Financial Benefi- ts		ed Representative	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼ 1000.00	1
	Other (specify) 🔻	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) LINDA FRIEDRICH			Date of Receipt
	Mailing Address PO Box 30275			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574330
	Lincoln	NE	68503-0275	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer UNICO Financial Services	Occupation	า	
	Inc.	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		450.00	1
	Other (specify) ▼		450.00	
<u> </u>	Full Name (Last, First, Middle Initial) TIMOTHY WALSH			Date of Receipt
	Mailing Address PO Box 417			08 31 2007
	City	State	Zip Code	Transaction ID: 21574333
	Hampstead	NC	28443-0417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Advanced Insurance Systems	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1 I
	Other (specify) ▼		225.00	
Г				
s	UBTOTAL of Receipts This Page (optional))	180.00
1				

<u> </u>				FOR LINE NUMBER: PAGE 29 / 121		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	y information copied from such Reports and St	atomonte may	unot be sold or used by any perso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	National Association of Health Underw	ritors DAC (HIIDAC)			
	National Association of Health Onderw	illeis i AO (Hol Ao)			
	Full Name (Last, First, Middle Initial)					
A.	Joseph Phifer			Date of Receipt		
	Mailing Address 5495 Belt Line Road, S	uite 155		M M / D D / Y Y Y Y		
				08 31 2007		
	City	State	Zip Code	Transaction ID: 21574337		
	Dallas	TX	75254-7643	Amount of Each Receipt this Period		
	FEC ID number of contributing			05.00		
	federal political committee.	C		85.00		
	Name of Employer SafeGuard Health Enterpri-	Occupation				
	ses	Insurance				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		865.00	1		
	Other (specify)		003.00			
ь	Full Name (Last, First, Middle Initial) CLARK LOEWE			Data of Daggint		
О.		21. 000		Date of Receipt		
	Mailing Address 12200 Northwest Fwy S	Ste 662		08 31 2007		
	City	State	Zip Code	Transaction ID: 21574339		
	Houston	TX	77092-4927			
		1/	77092-4927	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	rederal political committee.					
	Name of Employer Northwest General Insuran-	Occupation	n	7		
	Northwest General Insuran- ce	Insurance	e Agent			
	Receipt For:	Aggregate	e Year-to-Date ▼	7		
	Primary General			1		
	Other (specify)		225.00			
	Full Name (Last, First, Middle Initial)					
C.	DANIEL TOMPKINS, III			Date of Receipt		
	Mailing Address PO Box 1810	DI 0 ''		08 31 2007		
	800 Old Roswell Lakes					
	City	State	Zip Code	Transaction ID: 21574343		
	Roswell	GA	30077-1810	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		40.00		
	federal political committee.					
	Name of Employer	Occupation	n	7		
	Admin America	Insurance				
	Receipt For:		e Year-to-Date ▼	7		
	Primary General	33 -3		1		
	Other (specify) ▼		360.00			
				*		
ء	UBTOTAL of Receipts This Page (optional)			150.00		
\vdash	22.2.7.2 3. 1.003.pts 11110 1 ago (optional)			-		

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 121	
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Health Underwrit	ers PAC (HUPAC)		
Α.	Full Name (Last, First, Middle Initial) ALAN SCHULMAN	Date of Receipt			
	Mailing Address 2003 Little Haven Court	08 31 2007			
	City	State	Zip Code	Transaction ID: 21574352	
	Olney	MD	20832-1634	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Name of Employer Insurance Benefits & Advi- sors	Occupation Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		280.00		
— В.	Full Name (Last, First, Middle Initial) VIRGINIA ASHTON			Date of Receipt	
	Mailing Address 1900 Electric Road	08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 21574353	
	Salem	VA	24153-7474	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Lewis-Gale Medical Center	Occupation Director of	n of Provider Relations		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		270.00		
<u> </u>	Full Name (Last, First, Middle Initial) JOSHUA NACE			Date of Receipt	
	Mailing Address 936 North 34th Street, St	08 31 7 2007			
	City	State	Zip Code	Transaction ID: 21574354	
	Seattle	WA	98103-8869	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Name of Employer Dental Health Services	Occupation	n sident Sales & Service		
	Inc. Receipt For:		e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		270.00		
s	UBTOTAL of Receipts This Page (optional)		.	90.00	

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 121			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one)		
				X 11a 11b 11c 12		
		13 14 15 16 17				
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	National Association of Health Underwriter	s PAC (HUPAC)			
A.	Full Name (Last, First, Middle Initial) JENNIFER BUNDY-COBB			Date of Receipt		
	Mailing Address 3000 A Street, Suite 400			08 31 2007		
	•	State	Zip Code	Transaction ID: 21574356		
	Anchorage	AK	99501-5148	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		30.00		
	The Wileon Agency LLC	occupation rsurance				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	-	000.00	1		
	Other (specify) ▼	0 0	220.00			
В.	Full Name (Last, First, Middle Initial) LISA WETHERTON			Date of Receipt		
	Mailing Address 4180 Providence Rd Suite 200		08 31 2007			
	City	State	Transaction ID: 21574358			
	Dahlonega	GA	30533	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		20.00		
	Renefit Designs	occupation				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	005.00	1		
	Other (specify) ▼		305.00			
C .	Full Name (Last, First, Middle Initial) JAMES S. GARBINA			Date of Receipt		
	Mailing Address 11949 Q Street		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 21574363		
	Omaha	NE	68137-3595	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Harry A Koch Co	occupation rsurance				
	• •		Year-to-Date ▼			
	Primary General	1 1		1		
	Other (specify) ▼		765.00			
Г				407.00		
s	UBTOTAL of Receipts This Page (optional)			135.00		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 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 perso	
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	National Association of Health Underwriters	s PAC (I	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) CATHERINE FICARA			Date of Receipt
	Mailing Address 26999 Central Park Blvd.			08 31 2007
	City	State	Zip Code	Transaction ID: 21574366
	Southfield	MI	48076-4174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	c ¦		30.00
	Austin Financial Group LL-	ccupation	surance Agent	
	Conica		Year-to-Date ▼	-
	Primary General	00 0		
	Other (specify)	0 0	270.00	
3.	Full Name (Last, First, Middle Initial) STEVEN J. SINKLER			Date of Receipt
	Mailing Address 4320 114th St.	08 / 31 / 2007		
	City	State	Zip Code	Transaction ID: 21574368
	Urbandale	IA	50322-5408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Comprehensive Benefits Ag- Vice Pre				
	ency		ident of Sales	_
	Receipt For: A Primary General	aggregate	Year-to-Date ▼	
	Other (specify)		270.00	
).	Full Name (Last, First, Middle Initial) MARYLOU HUDMAN			Date of Receipt
	Mailing Address 5330 Bent Tree Forest Drive	e, Suite		M M / D D / Y Y Y Y
	City	State	Zip Code	08 31 2007
	•	TX	75248-3471	Transaction ID: 21574370 Amount of Each Receipt this Period
	EEC ID asserbase of contribution		73240 0471	
	FEC ID number of contributing federal political committee.	C .		50.00
	Name of Employer A Benefit Source			
		surance		_
	Receipt For: Primary General	aggregate	Year-to-Date ▼	
	Other (specify)		450.00	
_ s	UBTOTAL of Receipts This Page (optional)			110.00
_	and the state of t			
т	OTAL This Period (last page this line number only)		•	

SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 33 / 121
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
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			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δ,	y information copied from such Reports and Sta	stomonto mos	, not be cold or used by any perce	
or	for commercial purposes, other than using the n	name and add	from the sold of used by any personal ress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr	iters PAC (HUPAC)	
Full Name (Last, First, Middle Initial) A. WILLIAM BUDDY ANDERSON				Date of Receipt
	Mailing Address 498 Palm Springs Drive	08 / 31 / Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 21574373
	Altamonte Springs	FL	32701-7805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benefit Port	`	g Representative	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼		270.00	
В.	Full Name (Last, First, Middle Initial) MICHAEL NORRIS			Date of Receipt
	Mailing Address PO Box 999 295 E Palmer Street	08 31 YYYY 2007		
	City	State	Zip Code	Transaction ID: 21574376
	Franklin	NC	28744-0999	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Wayah Insurance Agency	Occupation Account		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		270.00	
			_ , , , , , , , , , , , , , , , , , , ,	
C.	Full Name (Last, First, Middle Initial) BRENDA N. FRANKLIN			Date of Receipt
	Mailing Address 7915 North Hale Avenue	08 31 YYYY 2007		
	City	State	Zip Code	Transaction ID: 21574384
	Peoria	IL	61615-2088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer OSF Health Plans	Occupation Group Re	n espresentative	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00	
s	UBTOTAL of Receipts This Page (optional)			90.00
\vdash				-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
I EMIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
A				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underw	riters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) JENNIFER TOUPS			Date of Receipt
	Mailing Address PO Box 113113			08 31 2007
	City	State	Zip Code	Transaction ID: 21574389
	Metairie	LA	70011-3113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Business Insurance Group	Occupation Director of	n of Marketing	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		270.00	1
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) JESSICA WALTMAN			Date of Receipt
	Mailing Address 10 Doyle Road			08 / 000 / 2007
	City	State	Zip Code	Transaction ID: 21574392
	Wayne	PA	19087-3903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		30.00
	FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	e Agent	30.00
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	Occupation		30.00
	FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	e Agent	30.00
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation	e Agent Year-to-Date ▼	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Insurance Aggregate	e Agent Year-to-Date ▼ 240.00	
c.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 8420 West Dodge Road City	Occupation Insurance Aggregated d, Suite 510	e Agent Year-to-Date ▼ 240.00	Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 8420 West Dodge Road	Occupation Insurance Aggregate d, Suite 510	e Agent Year-to-Date ▼ 240.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 8420 West Dodge Road City	Occupation Insurance Aggregated d, Suite 510	e Agent Year-to-Date ▼ 240.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 8420 West Dodge Road City Omaha FEC ID number of contributing	Occupation Insurance Aggregate d, Suite 510 State NE	e Agent Year-to-Date ▼ 240.00 Zip Code 68114-3432	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 8420 West Dodge Road City Omaha FEC ID number of contributing federal political committee.	Occupation Insurance Aggregate d, Suite 510 State NE C Occupation Insurance	e Agent Year-to-Date ▼ 240.00 Zip Code 68114-3432	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 8420 West Dodge Road City Omaha FEC ID number of contributing federal political committee. Name of Employer Senior Market Sales Inc. Receipt For: Primary General	Occupation Insurance Aggregate d, Suite 510 State NE C Occupation Insurance	Zip Code 68114-3432 Agent Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 8420 West Dodge Road City Omaha FEC ID number of contributing federal political committee. Name of Employer Senior Market Sales Inc. Receipt For:	Occupation Insurance Aggregate d, Suite 510 State NE C Occupation Insurance	e Agent Year-to-Date ▼ 240.00 Zip Code 68114-3432	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 8420 West Dodge Road City Omaha FEC ID number of contributing federal political committee. Name of Employer Senior Market Sales Inc. Receipt For: Primary General	Occupation Insurance Aggregate d, Suite 510 State NE C Occupation Insurance Aggregate	Zip Code 68114-3432 Agent Year-to-Date ▼ 1100.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	: PAGE 35 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)	_
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Any information copied from such Reports and Statements ma			, not be cold or used by any person		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fror	n such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Health Underw	riters PAC (HUPAC)		
A.	Full Name (Last, First, Middle Initial) GLENDAE MITCHELL			Date of Receipt	
	Mailing Address 736 Old Greenville Rd	01-1-	7'- O-d-	08 3	
	City	State	Zip Code	Transaction ID: 2	
	Fayetteville	GA	30215-5935	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer Benevestco Inc.	Occupation Account	n Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		225.00	1	
	Other (specify) ▼	0 0			
В.	Full Name (Last, First, Middle Initial) SUSAN R. PITTMAN			Date of Receipt	
	Mailing Address 32418 51st Avenue, SV	08 3			
	City	State	Zip Code	Transaction ID: 2	
	Federal Way	WA	98023-1936	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer Insure NW Inc.	Occupation	n		
		Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		450.00		
<u> </u>	Full Name (Last, First, Middle Initial) ROBERT VERNON			Date of Receipt	
	Mailing Address PO Box 18251			08 3	
	City	State	Zip Code	Transaction ID: 2	21574423
	Roanoke	VA	24014-3004	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer DRR Consulting Inc	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		270.00	1	
	Other (specify)	0 0	270.00		
s	UBTOTAL of Receipts This Page (optional)				105.00
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T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 36 / 121
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) VICTORIA MAJOR-BELL			Date of Receipt
	Mailing Address P O Box 540034			08 31 2007
	City	State	Zip Code	Transaction ID: 21574433
	Lake Worth	FL	33454-0034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer VMB Solutions	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General	, iggi ogalo	100110 2010 7	1
	Other (specify) ▼		315.00	
				1
В.	Full Name (Last, First, Middle Initial) DAVID PERRY			Date of Receipt
	Mailing Address 1634 Ryan Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574443
	Lake Charles	LA	70601-5949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer The Perry Agency Inc.	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		470.00	
<u> </u>	Full Name (Last, First, Middle Initial) Carrie Cox			Date of Receipt
	Mailing Address 6701 North Broadway, S Pavillion Building	Suite 323		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 21574449
	Oklahoma City	OK	73112	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer Oden Roberts Rohrman Insu-	Occupation		
	rance	· · · · · · · · · · · · · · · · · · ·	enefits Manager	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		230.00	
	☐ Other (specify) ♥	0 0	1 1 1 1 1 1 1	1
_	LIDTOTAL of December This December 1			70.00
L	UBTOTAL of Receipts This Page (optional)		······	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 37 / 121 (check only one)				
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$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	National Association of Health Underwri	ters PAC (HUPAC)					
۹.	Full Name (Last, First, Middle Initial) R JENSEN			Date of Receipt				
	Mailing Address 6060 South Kenton Way			08 / 31 / Y Y Y Y Y Y Y				
	City	State CO	Zip Code	Transaction ID: 21574458				
	Englewood FEC ID number of contributing		80111	Amount of Each Receipt this Period				
	federal political committee.	C		30.00				
	Name of Employer Self Employed	Occupation Insurance						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	270.00					
3.	Full Name (Last, First, Middle Initial) BARBARA Jean WRIGHT KNOX			Date of Receipt				
	Mailing Address 111 East Ludwig Road,	08						
	City	State	Zip Code	Transaction ID: 21574460				
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Intrahealthsolutions Inc.	Occupation Insurance						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		220.00					
 C.	Full Name (Last, First, Middle Initial) Kenneth Sherlin			Date of Receipt				
	Mailing Address P. O. Box 1550			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 21574461				
	Asheville	NC	28801-1550	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Benefit Design Group	Occupation Marketing						
	Receipt For:		e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	270.00					
s	SUBTOTAL of Receipts This Page (optional)							
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	NAME OF COMMITTEE (In Full)								
$ \rangle$	National Association of Health Underwrit	ters PAC (HUPAC)						
			/						
	Full Name (Last, First, Middle Initial)			B. (B.).					
Α.	JOHN G. PRUE	0.4-000	`	Date of Receipt					
	Mailing Address 7311 West 132nd Street	, Suite 200	J	08 31 2007					
	City	State	Zip Code	Transaction ID: 21574464					
	Shawnee Mission	KS	66213	Amount of Each Receipt this Period					
	FEC ID number of contributing			95.00					
	federal political committee.	C		85.00					
	Name of Employer	Occupation	n						
	Humana Inc.	Insurance	e Agent						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		765.00	1					
	Other (specify)								
_	Full Name (Last, First, Middle Initial)								
В.				Date of Receipt					
	Mailing Address 50 East 42nd Street Room 2108			08 31 2007					
	City	State	Zip Code	Transaction ID: 21574493					
	New York	NY	10017-5405	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		365.00					
	Name of Employer	Ossusstia	•	_					
	Name of Employer Corporate Benfeit & Design	Occupation President							
	Services Receipt For:	l	Year-to-Date V						
	Primary General	33 -3		1					
	Other (specify) ▼		730.00						
C	Full Name (Last, First, Middle Initial) THOMAS G. MAGNUS			Date of Receipt					
٥.	Mailing Address PO Box 999			M M / D D / Y Y Y Y					
				08 31 2007					
	City	State	Zip Code	Transaction ID: 21574495					
	El Granada	CA	94018-0999	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		30.00					
	federal political committee.	0							
	Name of Employer BlueCross of California	Occupation	n						
	BlueCross of California	Sales Dir							
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		240.00						
	Other (specify)	0 0		1					
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s	UBTOTAL of Receipts This Page (optional)			480.00					
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Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
^	Full Name (Last, First, Middle Initial) KENNETH JONES Mailing Address 3659 Green Rd., # 217 City Beachwood FEC ID number of contributing federal political committee. Name of Employer GBA Solutions Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State OH C Occupation Agent Aggregate	Zip Code 44122 n e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	DAVID M DEITCH Mailing Address 2785 East Desert Inn Ro City Las Vegas FEC ID number of contributing federal political committee. Name of Employer KIA Insurance Receipt For: Primary General Other (specify)	State NV C Occupation Insurance	Zip Code 89121-3623	Date of Receipt M M M / B B / 2 0 0 7 Transaction ID: 21574498 Amount of Each Receipt this Period 30.00
D.	Full Name (Last, First, Middle Initial) MAURICE LYONS Mailing Address 301 Madison Avenue, 4th City New York FEC ID number of contributing federal political committee. Name of Employer The Medical Link Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Presiden		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contritor or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) A. SHARON ALT Mailing Address 6410 Southwest Blvd, Suite 204 City First Worth TX 76193-3920 FEC ID number of contributing federal political committee. Name of Employer Alt Benefit Consultants Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. HARILES TROGON Mailing Address 7910 North Ingram Avenue, Suite 20 City State Zip Code Fresno CA 93711-5828 FEC ID number of contributing federal political committee. Name of Employer Gallagent Benefit Services Insurance Agent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) C. FRANCIS A RUGGIERO Mailing Address 15 Kennedy Drive Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) C. FRANCIS A RUGGIERO Mailing Address 15 Kennedy Drive Full Name (Last, First, Middle Initial) C. FRANCIS A RUGGIERO Mailing Address 15 Kennedy Drive Full Name (Last, First, Middle Initial) C. FRANCIS A RUGGIERO Mailing Address 15 Kennedy Drive Aggregate Year-to-Date ▼ Transaction ID: 21574503 Amount of Each Receipt this F C In number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID: 21574503 Amount of Each Receipt this F C In number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID: 21574503 Amount of Each Receipt this F C In number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID: 21574503 Amount of Each Receipt this F		or each category of	the (check only one)		
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A. SHARON ALT Mailing Address 6410 Southwest Blvd, Suite 204 City State Zip Code Fort Worth TX 76109-3920 FEC ID number of contributing federal political committee. Name of Employer Alt Benefit Consultants Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Insurance Agent Receipt For: CA 93711-5828 FEC ID number of contributing federal political committee. C Date of Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 21574500 Amount of Each Receipt this F Date of Receipt Ty 2 Transaction ID: 21574500 Amount of Each Receipt this F Date of Receipt Ty 2 Transaction ID: 21574500 Amount of Each Receipt Inis F Date of Receipt Ty 2 Transaction ID: 21574500 Amount of Each Receipt Inis F Date of Receipt Ty 2 Transaction ID: 21574502 Amount of Each Receipt Inis F Date of Receipt Ty 2 Transaction ID: 21574502 Amount of Each Receipt Inis F Date of Receipt Ty 2 Transaction ID: 21574502 Amount of Each Receipt Inis F Date of Receipt Ty 2 Transaction ID: 21574502 Transaction ID: 21574502 Amount of Each Receipt Inis F Date of Receipt Ty 2 Transaction ID: 21574502 Transaction ID: 21574502 Transaction ID: 21574502 Amount of Each Receipt Inis F Date of Receipt Ty 2 Transaction ID: 21574502 Transaction ID: 21574503 Transaction ID: 21574502 Transaction ID: 21574503 Transaction ID: 2157	` '	ters PAC (HUPAC)			
City State Zip Code Fort Worth TX 76109-3920 FEC ID number of contributing federal political committee. C			Date of Receipt		
Fort Worth FEC ID number of contributing federal political committee. Name of Employer All Benefit Consultants Inc. Receipt For: Primary General Other (specify) ▼ City State Zip Code CA 93711-5828 FEC ID number of contributing federal political committee. Name of Employer Gallagner Benefit Services General Other (specify) ▼ City State Zip Code Transaction ID: 21574502 Amount of Each Receipt this F FC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Frankois A Ruggies Point Insurance Agent Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Transaction ID: 21574503 Amount of Each Receipt this F FC ID number of contributing federal political committee. Date of Receipt Transaction ID: 21574503 Amount of Each Receipt this F FC ID number of contributing federal political committee. Date of Receipt Transaction ID: 21574503 Amount of Each Receipt this F FC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Page of Employer The Ruggiero Group LLC Insurance Agent Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: 21574503 Amount of Each Receipt this F FC ID number of contributing federal political committee. Aggregate Year-to-Date ▼	Mailing Address 6410 Southwest Blvd, S	Mailing Address 6410 Southwest Blvd, Suite 204			
FEC ID number of contributing federal political committee. C		State Zip Code	Transaction ID: 21574500		
Same of Employer All Benefit Consultants Insurance Agent Receipt For:	Fort Worth	TX 76109-3920	Amount of Each Receipt this Period		
All Benefit Consultants Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code Fresno CA 93711-5828 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 21574502 Amount of Each Receipt this F C Ca 93711-5828 FEC ID number of contributing federal political committee. C State Zip Code Transaction ID: 21574502 Amount of Each Receipt this F FEC ID number of contributing federal political committee. C State Zip Code Insurance Agent Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 21574503 Amount of Each Receipt this F C State Zip Code NJ 07828-1438 Date of Receipt Transaction ID: 21574503 Amount of Each Receipt this F C Cocupation Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 21574503 Amount of Each Receipt this F C Cocupation Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		C	50.00		
Primary	Alt Benefit Consultants	1			
Dother (specify) Sound		Aggregate Year-to-Date ▼			
B. CHARLES TROGDON Mailing Address 7910 North Ingram Avenue, Suite 20 City State Zip Code Fresno CA 93711-5828 FEC ID number of contributing federal political committee. Name of Employer Gallagher Benefit Services Receipt For: Primary General Other (specify) ▼ CITY Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) CITY State Zip Code Primary General Other (specify) ▼ Date of Receipt Transaction ID: 21574502 Amount of Each Receipt this F Date of Receipt Tor: Primary General Occupation Insurance Agent Aggregate Year-to-Date ▼ Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F COCUPATION OF RECEIPT OCCUPATION ID: 21574503 Transaction ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F COCUPATION ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F		50	00.00		
City Fresno CA 93711-5828 FEC ID number of contributing federal political committee. Name of Employer Gallagher Benefit Services Receipt For: Primary General Other (specify) ▼ City Budd Lake NJ 07828-1438 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F Date of Receipt Transaction ID: 21574502 Amount of Each Receipt this F Date of Receipt Date of Receipt Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F C Transaction ID: 21574502 Amount of Each Receipt this F			Date of Receipt		
Fresno CA 93711-5828 Amount of Each Receipt this F FEC ID number of contributing federal political committee. Name of Employer Gallagher Benefit Services Receipt For: Primary General Other (specify) ▼ Name of Employer The Ruggiero Group LLC Name of Employer The Ruggiero Group LLC Receipt For: Occupation Insurance Agent Aggregate Year-to-Date ▼ Date of Receipt NJ 07828-1438 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F C Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F C Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F C Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F Transaction ID: 21574503 Amount of Each Receipt this F					
FEC ID number of contributing federal political committee. Name of Employer Gallagher Benefit Services Receipt For: Primary General Other (specify) ▼ C. FRANCIS A RUGGIERO Mailing Address 15 Kennedy Drive City State Zip Code Multiple Address 15 Kennedy Drive City State Zip Code NJ 07828-1438 FEC ID number of contributing federal political committee. Name of Employer The Ruggiero Group LLC Receipt For: Primary General Other (specify) ▼ Occupation Insurance Agent Aggregate Year-to-Date ▼		•			
Name of Employer Gallagher Benefit Services		CA 93/11-5828	Amount of Each Receipt this Period		
Receipt For:	federal political committee.	C	30.00		
Primary General Other (specify) ▼ State Zip Code	Name of Employer Gallagher Benefit Services	Insurance Agent			
Other (specify) C. Full Name (Last, First, Middle Initial) C. FRANCIS A RUGGIERO Mailing Address 15 Kennedy Drive City Budd Lake NJ O7828-1438 FEC ID number of contributing federal political committee. Name of Employer The Ruggiero Group LLC Receipt For: Primary General Other (specify) Aggregate Year-to-Date Aggregate Year-to-		Aggregate Year-to-Date ▼			
C. FRANCIS A RUGGIERO Mailing Address 15 Kennedy Drive City State Zip Code Budd Lake FEC ID number of contributing federal political committee. Name of Employer The Ruggiero Group LLC Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / Y Y Y O 8 3 1 / 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		34	40.00		
Mailing Address 15 Kennedy Drive City State Zip Code Budd Lake NJ 07828-1438 FEC ID number of contributing federal political committee. Name of Employer The Ruggiero Group LLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 645.00			Date of Receint		
Budd Lake NJ 07828-1438 Amount of Each Receipt this F FEC ID number of contributing federal political committee. Name of Employer The Ruggiero Group LLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 645.00			M M / D D / Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer The Ruggiero Group LLC Receipt For: Primary General Other (specify) ▼ Occupation Insurance Agent Aggregate Year-to-Date ▼ 645.00	-	•	Transaction ID: 21574503		
Name of Employer The Ruggiero Group LLC Receipt For: Primary Other (specify) ▼ Occupation Insurance Agent Aggregate Year-to-Date ▼ 645.00		NJ 07828-1438	Amount of Each Receipt this Period		
Receipt For: Primary Other (specify) General Other (specify) General 645.00		С	85.00		
Primary General Other (specify) ▼ 645.00	Name of Employer The Ruggiero Group LLC	· '			
Other (specify) ▼ 645.00		Aggregate Year-to-Date ▼			
SUPTOTAL of Passints This Page (entional)		6	45.00		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		165.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	Ly not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)			
A .	National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) RICK D. BAILEY Mailing Address 4390 Earney Road, Suite 240 City State Zip Code Woodstock GA 30188-5687 FEC ID number of contributing federal political committee. Name of Employer Rick Bailey & Company In-C. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ROBERT J BISHOP Mailing Address 2785 East Desert Inn Rd., # 134 City State Zip Code Las Vegas NV 89121-3623			Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21574505 Amount of Each Receipt this Period 30.00 Date of Receipt M M M / D D D / Y Y Y Y Y 0 8 3 1 2 0 0 7 Transaction ID: 21574506 Amount of Each Receipt this Period 85.00
	Receipt For: Primary Other (specify)	Occupation Insurance Aggregate		
C .	Full Name (Last, First, Middle Initial) WILLIAM Otis HAFF Mailing Address 131 Interpark City San Antonio FEC ID number of contributing federal political committee.	State TX	Zip Code 78216	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer EDWW Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
s	UBTOTAL of Receipts This Page (optional)		······	145.00
Т	OTAL This Period (last page this line number on	lv)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) WALTER T. HALE Mailing Address 211 East Church Street City Morrilton FEC ID number of contributing federal political committee. Name of Employer Hawkins Insurance Agency Receipt For: Primary General Other (specify)	State AR C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21574513 Amount of Each Receipt this Period 30.00
3.	Full Name (Last, First, Middle Initial) JAIME D HERNANDEZ Mailing Address 804 S. Bel Aire Drive City	State	Zip Code	Date of Receipt M M M
	Burbank FEC ID number of contributing federal political committee. Name of Employer Jardez Financial & Insurance Inc. Receipt For:	CA Occupation Insurance		Amount of Each Receipt this Period 50.00
	Primary General Other (specify) ▼	Aggregate	400.00	
) .	Full Name (Last, First, Middle Initial) DAVID S JOHNSON Mailing Address P. O. Box 871129 City	State	Zip Code	Date of Receipt M M M
	Stone Mountain FEC ID number of contributing federal political committee.	GA C	30087-0029	Amount of Each Receipt this Period 85.00
	Name of Employer David S. Johnson Insurance Receipt For: Primary General Other (specify) ▼		Executive Year-to-Date 780.00	
s	UBTOTAL of Receipts This Page (optional)			165.00
T	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 121					
ıт	EMIZED RECEIPTS	or each category of the	(check only one)					
••	LIMIZED RESENTS	Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Δr	y information copied from such Reports and Statements	may not be sold or used by any perso						
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	National Association of Health Underwriters PA	C (HUPAC)						
\angle								
Α.	Full Name (Last, First, Middle Initial) MARK D. KENNEDY		Date of Receipt					
Α.	Mailing Address 1173 Brittmoore Road		M M / D D / Y Y Y Y					
	Maining Addicess 1175 Billillioore Hoad		08 31 2007					
	City State	Zip Code	Transaction ID: 21574517					
	Houston TX	77043-5003	Amount of Each Receipt this Period					
	FEC ID number of contributing		90.00					
	federal political committee.		80.00					
	Name of Employer Benefit Concepts Inc.	ation						
	Benefit Concepts Inc. Insura	ince Agent						
		gate Year-to-Date ▼						
	Primary General	640.00	1					
	Other (specify) ▼	070.00						
_	Full Name (Last, First, Middle Initial)							
В.	JOHN R MCCONNAUGHEY		Date of Receipt					
	Mailing Address PO Box 805		08 31 2007					
	City State	Zip Code	Transaction ID: 21574519					
	West Chester OH	45071-0805						
		43071-0003	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		30.00					
	Name of Employer JRM & Associates Agency JRM & Description							
	Inc	Ince Agent	_					
	Receipt For: Aggree Primary General	gate Year-to-Date ▼	1					
	Other (specify)	240.00						
_	Full Name (Last, First, Middle Initial)		5. (5					
Ċ.	FRANK R NOVY Mailing Address 21238 Woodview Circle		Date of Receipt					
	Mailing Address 21238 Woodview Circle		08 31 2007					
	City State	Zip Code	Transaction ID: 21574522					
	<u>Strongsville</u> OH	44149-9261	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee		30.00					
	federal political committee.							
	Name of Employer Qualified Administrative Occupa	ation						
	Services Inc Insura	ince Agent						
	Receipt For: Aggree	gate Year-to-Date ▼						
	Primary General	340.00	1					
	Other (specify) ▼	010.00						
Г								
s	SUBTOTAL of Receipts This Page (optional)							
\vdash			-					
т	TOTAL This Period (last page this line number only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
A.	Third Party Marketers Of	State NC C Occupation Insurance		Date of Receipt M M
	Primary General Other (specify) ▼	199.19	220.00	
3.	Full Name (Last, First, Middle Initial) SUSAN MALEY RASH Mailing Address 2108 West Laburnum Ave City Richmond	Date of Receipt M M		
	RR&T Renefit Concultante	Occupation Vice Pres Aggregate		85.00
Full Name (Last, First, Middle Initial) JON C RAUSER Mailing Address 400 East Wisconsin Avenue, # 200				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Milwaukee	State WI	Zip Code 53202-4499	Transaction ID: 21574528 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer The Rauser Agency Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
s	UBTOTAL of Receipts This Page (optional)			285.00
T	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 45 / 121			
	EMIZED RECEIPTS		or each category of the	(check only one)	l 🗖			
•			Detailed Summary Page	X 11a 11b 13	11c 12 15 16 17			
An	y information copied from such Reports and Stat-	ements may	not be sold or used by any perso					
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from s	uch committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	National Association of Health Underwrit	ers PAC (HUPAC)					
۹.	Full Name (Last, First, Middle Initial) ALFONSO C. SCHIEBEL			Date of Receipt				
	Mailing Address 200 Sandy Springs Pl., #	300A		0 8 / D D D 3 1	2007			
	City	State	Zip Code	Transaction ID: 215	574532			
	Atlanta	GA	30328-5918	Amount of Each Rec	eipt this Period			
	FEC ID number of contributing federal political committee.	С			33.00			
	Name of Employer Ashford Advisors Inc.	Occupation Insurance						
	Receipt For:		Year-to-Date ▼					
	Primary General			1				
	Other (specify) ▼		364.00					
3.	Full Name (Last, First, Middle Initial) BOB G SHUPE			Date of Receipt				
	Mailing Address PO Box 2344	0 8 / D D 3 1	2007					
	City	State	Zip Code	Transaction ID: 215	574533			
	Brentwood	TN	37024-2344	Amount of Each Rec	eipt this Period			
	FEC ID number of contributing federal political committee.	С			50.00			
	Name of Employer ESP Inc	Occupation						
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_				
	Primary General	Aggregate	rear-to-Date V	1				
	Other (specify) ▼		675.00					
	Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS			Date of Receipt				
	Mailing Address 2255 Glades Road, Suite	420A		08 / 31	2007			
	City	State	Zip Code	Transaction ID: 21				
	Boca Raton	<u>FL</u>	33431-7379	Amount of Each Rec	ceipt this Period			
	FEC ID number of contributing federal political committee.	C			45.00			
	Name of Employer John Hancock	Occupation						
		Insurance	•	_				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,				
	Other (specify)		360.00					
S	SUBTOTAL of Receipts This Page (optional)							
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T	OTAL This Period (last page this line number on	ly)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statem	nents mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	National Association of Health Underwriters	s PAC (I	HUPAC)	_
۹.	Full Name (Last, First, Middle Initial) PETER VINTON			Date of Receipt
	Mailing Address 9480 Deereco Road			08 31 2007
	,	State	Zip Code	Transaction ID: 21574536
	Timonium	MD	21093-2102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Corporate Coverage 11 C	occupation rsurance		
			Year-to-Date ▼	
	Primary General	-	040.00	
	Other (specify) ▼	0 0	640.00	
3.	Full Name (Last, First, Middle Initial) SUE LARSEN			Date of Receipt
	Mailing Address P.O. Box 6465			08 / 31 / Y Y Y Y Y 2007
	•	State	Zip Code	Transaction ID: 21574538
		CA	93111-1925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Larcen Incurance	occupation		
		nsurance		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		630.00	
	Full Name (Last, First, Middle Initial) TRAVIS S. MIDDLETON			Date of Receipt
	Mailing Address 20501 Katy Freeway, # 219	9		M M / D D / Y Y Y Y
				08 31 2007
	•	State	Zip Code	Transaction ID: 21574540
		TX	77450-1935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
Name of Employer TradeMark Insurance Agency Receipt For: Primary Other (specify) Occupation Insurance Aggregat				7
			-	_
		Aggregate	Year-to-Date ▼	
			800.00	
		0 0		
s	UBTOTAL of Receipts This Page (optional)		·····	265.00
_	OTAL This Period (last page this line number only)			
	LIE TO PARION USE DONA THE HIM HIMMAY ANIVA			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 121			
			Use separate schedule(s) or each category of the	(check only one)			
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17			
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the na	me and ado	lress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)				
<u>/</u>							
	Full Name (Last, First, Middle Initial)						
٩.	WILLIAM BLAKELY			Date of Receipt			
	Mailing Address PO Box 11310			08 31 2007			
	City	State	Zip Code				
	Chattanaga	TN	•	Transaction ID: 21574542			
	Chattanooga	IIN	37401-2310	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		30.00			
	federal political committee.						
	Name of Employer	Occupation]	7			
	Name of Employer Russ Blakely & Associates	Insurance					
	Receipt For:		Year-to-Date ▼				
	Primary General	33 -3					
	Other (specify) ▼		240.00				
	Full Name (Last, First, Middle Initial)						
3.	MARY LANDEN			Date of Receipt			
	Mailing Address 1000 Burnett Avenue, Sui	ite 440		M M / D D / Y Y Y			
				08 31 2007			
	City	State	Zip Code	Transaction ID: 21574543			
	Concord	CA	94520	Amount of Each Receipt this Period			
	FEC ID number of contributing			20.00			
	federal political committee.	C		30.00			
	Name of European	0		4			
	RenefitMall '	Occupation					
		Insurance		-			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	' '	340.00				
	Other (specify)	1 1					
	Full Name (Last, First, Middle Initial)						
Э.	PATRICE GOLDFARB			Date of Receipt			
	Mailing Address 442 Teaneck Rd.			M M / D D / Y Y Y Y			
	5 TIE TOURISON TIE.			08 31 2007			
	City	State	Zip Code	Transaction ID: 21574546			
	Ridgefield Park	NJ	07660-1516	Amount of Each Receipt this Period			
	FEC ID number of contributing			20.00			
	federal political committee.	C		60.00			
		0 ::					
The Employée Benefits Advisors Group Receipt For: Aggrega		Occupation					
				-			
		Aggregate	Year-to-Date ▼				
	Primary General		480.00				
	Other (specify)						
	SUBTOTAL of Passints This Page (entional)						
s	UBTOTAL of Receipts This Page (optional)		>	120.00			
T	OTAL This Period (last page this line number only	y)	>				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 121 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) MICHAEL A. RIVERA			Date of Receipt
	Mailing Address 12200 Northwest Freewa	y, Suite 6	62	08 31 2007
	City	State TX	Zip Code	Transaction ID: 21574549
	Houston FEC ID number of contributing federal political committee.	C	77092-4927	Amount of Each Receipt this Period 85.00
	Name of Employer Northwest General Insuran- ce Receipt For: Primary General	Occupation Insurance Aggregate	e Agent Year-to-Date ▼	
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	780.00	
3.	LORELIE G. CASTELLANI Mailing Address PO Box 905			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Branchville	State NJ	Zip Code 07826-0905	Transaction ID: 21574552 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Benefit Guidance Systems	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 695.00	
	Full Name (Last, First, Middle Initial) ROBERT C. SICHMELLEA			Date of Receipt
Mailing Address 585 East Los Angeles Avenue, #H				0 8
	City Simi Valley	State CA	Zip Code 93065-1865	Transaction ID: 21574553 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33333 1333	30.00
	Name of Employer ACME/RCS Insurance Servic- es Inc.	Occupation	e Agent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SI	JBTOTAL of Receipts This Page (optional)			200.00

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 121		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
••	LIVIIZED NECEIF 13	Detailed Summary Page	X 11a 11b 11c 12		
۸r	y information copied from such Reports and Statement	s may not be sold or used by any person	13 14 15 16 17		
or	for commercial purposes, other than using the name ar	nd address of any political committee to	solicit contributions from such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Health Underwriters P	AC (HUPAC)			
_					
۸.	Full Name (Last, First, Middle Initial) DAVID R. KROSS		Date of Receipt		
	Mailing Address 5556-B Cheviot Rd.		M M / D D / Y Y Y Y		
			08 31 2007		
	City	te Zip Code	Transaction ID: 21574554		
	<u>Cincinnati</u> OF	45247	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee		30.00		
	federal political committee.				
	Name of Employer Occu United Benefits Agency	pation	1		
	United Benefits Agency Inc.	rance Agent			
	_ '	regate Year-to-Date ▼			
	Primary General	210.00			
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
3.	DEIRDRE FALLON		Date of Receipt		
	Mailing Address PO Box 256		08 31 YYYY 2007		
	0''				
	City Sta	'	Transaction ID: 21574560		
	Spring Lake NJ	07762-0256	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		85.00		
	Iohn I Slattarví Associat-	pation			
	es Inc.	rance Agent regate Year-to-Date ▼	_		
	Receipt For: Aggi	egale real-lo-Dale 🔻			
	Other (specify) ▼	680.00			
_	Full Name (Last, First, Middle Initial)		Batter (Batter)		
Ĵ.	KYM J. HOPWOOD Mailing Address 66 Franklin Street Suite 210		Date of Receipt		
	Mailing Address 66 Franklin Street, Suite 210		08 31 2007		
	City Sta	te Zip Code	Transaction ID: 21574561		
	Oakland CA	94607-3726	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee		30.00		
	federal political committee.				
	Name of Employer Dealey Renton & Associat-	pation			
	es ACCC	ount Executive			
		regate Year-to-Date ▼			
	Primary General	340.00			
	Other (specify) ▼				
	I				
s	UBTOTAL of Receipts This Page (optional)		145.00		
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т	OTAL This Period (last page this line number only)	•			

S	CHEDULE A (FEC Form 3X)		Lla a concrete a chadula(a)	FOR LINE NUMBER: PAGE 50 / 121
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	ters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) KEITH JORDANO			Date of Receipt
	Mailing Address 12751 Orange Boulevard	b		08 31 7 2007
	City	State	Zip Code	Transaction ID: 21574562
	West Palm Beach	FL	33412-1413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Jordano Insurance Group Inc.	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		210.00	1
	Other (specify) ▼		210.00	1
В.	Full Name (Last, First, Middle Initial) DANIEL E. COLACIONO			Date of Receipt
	Mailing Address 99 Troy Road			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574568
	East Greenbush	NY	12061-1027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Rose and Kiernan Inc	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		055.00	1
	Other (specify) ▼		255.00	J
— С.	Full Name (Last, First, Middle Initial) MATTHEW L. MASONE			Date of Receipt
C.	Mailing Address 6731 Columbia Gateway	Dr Suito	01	M M / D D / Y Y Y Y
	Walling Address 6751 Columbia Galeway	21	08 31 2007	
	City	State	Zip Code	Transaction ID: 21574570
	Columbia	MD	21046-2165	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Jefferson Pilot Financial	Occupation		7
		Insuranc		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		240.00	
	Strict (specify)	-	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			160.00
1 -				

		_			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 121	
	EMIZED RECEIPTS		or each category of the	(check only one)	
11	EIVIIZED NEGEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Health Underwrite	ers PAC (I	HUPAC)		
Α.				Date of Receipt	
	Mailing Address 6 Country Lane			08 / 31 / 2007	
	City	State	Zip Code	Transaction ID: 21574574	
	Sussex	NJ	07461	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	New England Financial	Occupation Insurance		7	
			Year-to-Date ▼	_	
	Primary General	1 33. 73		1	
	Other (specify)		210.00		
				1	
<u> </u>	Full Name (Last, First, Middle Initial) ROBERT C. SICHMELLEA			Date of Receipt	
	Mailing Address 585 East Los Angeles Ave	M M / D D / Y Y Y Y			
		08 31 2007			
	City	State	Zip Code	Transaction ID: 21574577	
	Simi Valley	CA	93065-1865	Amount of Each Receipt this Period	
	FEC ID number of contributing			00.00	
	federal political committee.	C		30.00	
	ACME/RCS Insurance Servic-	Occupation			
	es Inc.	Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		270.00	1	
	Other (specify)		270.00]	
_	Full Name (Last, First, Middle Initial)				
C.	WILLIS H. GLAROS			Date of Receipt	
	Mailing Address PO Box 184	ailing Address PO Box 184			
	City	State	Zip Code	Transaction ID: 21574580	
	Dyer	IN	46311-0184	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	15.00			
	Employer Benefit Systems	Occupation Insurance		7	
			Year-to-Date ▼	\dashv	
	Receipt For: Primary General	Aggregate	ו כמו־נט־טמול ▼	,	
	Other (specify)	' '	270.00		
	☐ Other (Specify) ▼		1 1 1 1 1 1 1	1	
				75.00	
S	UBTOTAL of Receipts This Page (optional)			75.00	
				-	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 121
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) TERESA GUTIERREZ			Date of Receipt
	Mailing Address P O Box 638			08 / 31 / Y Y Y Y Y Y Y
	City Carv	State NC	Zip Code 27512-0638	Transaction ID: 21574584
			2/512-0638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Integrated Benefit Soluti- ons Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	
3.	Full Name (Last, First, Middle Initial) DOUGLAS W SHEFFER			Date of Receipt
	Mailing Address 110 International Way			08 31 7 2007
	City	State	Zip Code	Transaction ID: 21574585
	Springfield	OR	97477-1034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer PacificSource Health Plans	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	
 C.	Full Name (Last, First, Middle Initial) DEAN M M HOFFMAN			Date of Receipt
	Mailing Address W223 N608 Saratoga Dr			08 31 2007
	City	State	Zip Code	Transaction ID: 21574586
	Waukesha	WI	53186-0401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Diversified Insurance Ser-	Occupation		7
	vices Inc.	Insurance	e Agent e Year-to-Date ▼	-
	Receipt For: Primary General	Aggregate	r rear-to-Date ▼	
	Other (specify) ▼	0 0	240.00	
s	UBTOTAL of Receipts This Page (optional)			90.00
	OTAL This Period (last page this line number on	lv)		
	CIAL THIS I CHOO (IAST PAYE THIS HITE HUTTIDE! OH	ıy/	·············	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 121 (check only one) X 11a 11b 11c 12
Ar or	ry information copied from such Reports and Star for commercial purposes, other than using the na	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwri			
A .	Full Name (Last, First, Middle Initial) G. Russell GARNER Mailing Address 1308 Murraywood Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer G. Russell Garner, CLU, LLC Receipt For: Primary General Other (specify)	State SC C Occupation Insurance Aggregate		Date of Receipt M M A Z D D Z D Z D Z D Z D Z D Z D Z D Z D
3.	Full Name (Last, First, Middle Initial) ROSS W KRAFT Mailing Address 41 Notre Dame Lane City Utica FEC ID number of contributing federal political committee. Name of Employer Meridian Group of New York Inc.	State NY C Occupation Presiden		Date of Receipt M M M / D D / Y Y Y Y Y O 8 3 1 2 0 0 7 Transaction ID: 21574593 Amount of Each Receipt this Period 85.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 680.00	
C.	KEN L. RAY Mailing Address P. O. Box 14207 City Jackson FEC ID number of contributing federal political committee. Name of Employer Stewart Sneed Hewes/BancorpSouth Insur Receipt For: Primary General Other (specify) ▼		Zip Code 39236-4207 n of Marketing - Life/Health e Year-to-Date ▼ 205.00	Date of Receipt M M M / 3 1 / Y Y Y Y Y Transaction ID: 21574594 Amount of Each Receipt this Period 10.00
s	UBTOTAL of Receipts This Page (optional)		>	125.00
т	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) OWEN W. WINGATE Mailing Address 155 Professional Dr City Ponte Vedra Beach FEC ID number of contributing federal political committee. Name of Employer Wingate Insurance Group Inc. Receipt For: Primary General Other (specify)	State FL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21574595 Amount of Each Receipt this Period 40.00
3.	Full Name (Last, First, Middle Initial) NICOLE FAIRBAIRN WONNELL Mailing Address 14701 Cumberland Road City Noblesville	l, Suite 18 State IN	0 Zip Code 46060-8715	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Creative Insurance Concepts Inc. Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		30.00
	Full Name (Last, First, Middle Initial) CLAUDIA'S DODGE Mailing Address 2108 W. Laburnum Ave., City Richmond FEC ID number of contributing federal political committee. Name of Employer BB&T Benefit Consultants of Virginia Receipt For: Primary General Other (specify)	State VA C Occupation AVP - Sa	Zip Code 23226 n lles Consultant e Year-to-Date ▼ 340.00	Date of Receipt M M J D D J Z D O 7 Transaction ID: 21574597 Amount of Each Receipt this Period 30.00
s	UBTOTAL of Receipts This Page (optional)			100.00
т	OTAL This Period (last page this line number on	v)		

0		Γ		FOR LINE NUMBER: PAGE 55 / 121
5(CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
۸۳	y information copied from such Reports and Sta	otomonto mou	not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (I	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JOHN KIEBLER			Date of Receipt
	Mailing Address 300 West Vine Street			08 31 2007
	City	State	Zip Code	Transaction ID: 21574599
	Lexington	KY	40507-1621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer CHA Health	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	340.00	
В.	Full Name (Last, First, Middle Initial) BRADFORD H. BLAIN			Date of Receipt
	Mailing Address P O Box 4510	M M / D D / Y Y Y Y		
				08 31 2007
	City	State	Zip Code	Transaction ID: 21574600
	Lexington	KY	40544-4510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	<u> </u>			
	Name of Employer Al Torstrick Insurance Ag-	Occupation		
	ency Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
	Other (specify)		1 1 1 1 1 1 1	J
_	Full Name (Last, First, Middle Initial) KATHLEEN A. HUGHES			Date of Receipt
J.	Mailing Address 13513 Arlington Road			M M / D D / Y Y Y Y
	Walling Address 13313 Allington Hoad			08 01 2007
	O:4- ·	State	Zip Code	Transaction ID: 21574605
	City			Transaction 121 = 151 1555
	City Norwalk	OH	44857-9626	Amount of Each Receipt this Period
			44857-9626	Amount of Each Receipt this Period 30.00
	Norwalk FEC ID number of contributing	OH C Occupation		
	Norwalk FEC ID number of contributing federal political committee. Name of Employer Benefit Solutions	OCCUpation Insurance	Agent	
	Norwalk FEC ID number of contributing federal political committee. Name of Employer Benefit Solutions Receipt For:	OCCUpation Insurance		
	Norwalk FEC ID number of contributing federal political committee. Name of Employer Benefit Solutions Receipt For: Primary General	OCCUpation Insurance	Agent	
	Norwalk FEC ID number of contributing federal political committee. Name of Employer Benefit Solutions Receipt For:	OCCUpation Insurance	e Agent Year-to-Date ▼	
	Norwalk FEC ID number of contributing federal political committee. Name of Employer Benefit Solutions Receipt For: Primary General	OCCUpation Insurance	e Agent Year-to-Date ▼	
	Norwalk FEC ID number of contributing federal political committee. Name of Employer Benefit Solutions Receipt For: Primary General	OH C Occupation Insurance Aggregate	Agent Year-to-Date ▼ 210.00	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 121
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	TIAITIE AITU AUG	dress or any political committee to	Solicit Contributions from Such Committee.
National Association of Health Underv	vriters PAC ((HUPAC)	
Full Name (Last, First, Middle Initial) A. JAMES C BOSIER			Date of Receipt
Mailing Address P.O. Box 1230			08 / 02 / 7 2007
City Waterloo	State IA	Zip Code 50704-1230	Transaction ID: 21574614 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00704 1200	85.00
Name of Employer Net Worth Advisors	Occupatio Insuranc		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 595.00	
Full Name (Last, First, Middle Initial) 3. SANDRA JOHNSON	1		Date of Receipt
Mailing Address 12500 Network Blvd, #	‡ 403		08 / 02 / 4 2007
City Son Antonio	State TX	Zip Code	Transaction ID: 21574615
San Antonio		78249-3310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Hairston Johnson & Assoc-	Occupatio Insuranc		
iates PLLC Receipt For:		e Year-to-Date V	
Primary General Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) C. RUSH DAVID DIXON	<u> </u>		Date of Receipt
Mailing Address 1375 Piccard Drive			08 02 7 2007
City	State	Zip Code	Transaction ID: 21574621
Rockville	MD	20850-4311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer Early Cassidy and Schilli-	Occupatio VP of En	n nployee Benefits	
ng Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	940.00	
SUBTOTAL of Receipts This Page (optional)			235.00
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 121
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)
• • •	LIMIZED RECEIP 13			X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	ters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) CHRISTOPHER HARRISON			Date of Receipt
	Mailing Address 921-C South McPherson	Church R	oad	08 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574622
	<u>Fayetteville</u>	NC	28303-5368	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ebenconcepts Company	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	1850.00	
В.	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt
	Mailing Address 17 North Delmorr Avenu	e		08 02 YYYY 08 02 2007
	City	State	Zip Code	Transaction ID: 21574626
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Avanti Benefits Corp	Occupation President		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify)	0 0	800.00	
<u> </u>	Full Name (Last, First, Middle Initial) ERIC S. TOWNSEND			Date of Receipt
	Mailing Address 1658 Presto Avenue			08 02 YYYYY 08 02 2007
	City	State	Zip Code	Transaction ID: 21574627
	Indianapolis	IN	46224-5640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			30.00
	Name of Employer Mutual of Omaha	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
s	UBTOTAL of Receipts This Page (optional)			380.00

S	CHEDULE A (FEC Form 3X)		Llos concrete cobodulo(o)	FOR LINE NUMBER: PAGE 58 / 121
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC ((HUPAC)	
A.	Full Name (Last, First, Middle Initial) LESLIE E MCGERR			Date of Receipt
	Mailing Address 6125 Havelock Avenue			08 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574629
	Lincoln	NE	68507-1234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Les McGerr & Company	Occupatio Insuranc		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		210.00	1
	Other (specify)	0 0	210.00	
В.	Full Name (Last, First, Middle Initial) MICHAEL EMBRY			Date of Receipt
	Mailing Address 20700 Civic Center Driv	e, Suite 25	i	08 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574631
	Southfield	MI	48076-4133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Comerica Insurance Servic- es Inc.	Occupatio VP - Gro	n up Benefits Division	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		880.00	1
	Other (specify) ▼		000.00	
<u> </u>	Full Name (Last, First, Middle Initial) LAURIE J KIRKLAND			Date of Receipt
	Mailing Address PO Box 10088			08 31 2007
	City	State	Zip Code	Transaction ID: 21574640
	Yakima	WA	98909-1088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Conover Insurance Inc.	Occupatio Insuranc		
	Receipt For:		e Year-to-Date ▼	_
	Primary General	, .gg, ogait		1
	Other (specify) ▼		340.00	
٩	UBTOTAL of Receipts This Page (optional)			145.00
1 7				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 121 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwriters	s PAC (HUPAC)	
Α.	Morganton FEC ID number of contributing federal political committee. Name of Employer Flexible Benefit Management Inc.	State NC C Cccupation surance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.		State KS	Zip Code 66212	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer SS&G and Associates Inc. Oct Pr	Cocupation President Aggregate		30.00
- .	Akron FEC ID number of contributing federal political committee. Name of Employer Group Benefit Associates LLC	State OH Ccupation	Zip Code 44333-4511	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	110.00
т	OTAL This Period (last page this line number only).		>	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 121
	EMIZED RECEIPTS	or each category of the	(check only one)
•	LIVIIZED NEGEIF 13	Detailed Summary Page	X 11a 11b 11c 12
۸r	y information copied from such Reports and Statemer	ate may not be sold or used by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the name a	and address of any political committee to se	olicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)		
\rangle	National Association of Health Underwriters	PAC (HUPAC)	
_	Full Name (Lock First Middle Instit)		
۹.	Full Name (Last, First, Middle Initial) TIFFANY A. OTIS		Date of Receipt
	Mailing Address 28588 Northwestern Highway	y, Suite	M M / D D / Y Y Y Y
	City.	7in Onda	08 31 2007
	City St Southfield M	ate Zip Code I 48034-8335	Transaction ID: 21574650
		1 40034-0333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer PPOM	cupation	
	Vice	e President Corporate Sales & Prov	
		gregate Year-to-Date ▼	
	Primary General Other (specify)	240.00	
	Cities (specify)	0 0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial) STEPHANIE MONETTE		Date of Receipt
٠.	Mailing Address 1510 Meadow Wood Lane		M M / D D / Y Y Y Y
		08 31 2007	
		ate Zip Code	Transaction ID: 21574651
	Reno N'	V 89502-8503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	rederal political committee.		
	Saint Mary's Héalth Plans	cupation	
	11151	urance Agent gregate Year-to-Date ▼	
	Receipt For: Agg	gregate real-to-date •	
	Other (specify) ▼	240.00	
•	Full Name (Last, First, Middle Initial) MARILYN LEONARD		Date of Receipt
	Mailing Address 3676 Woodley Drive		M M / D D / Y Y Y Y
			08 31 2007
	,	rate Zip Code	Transaction ID: 21574652
	San Jose C.	A 95148-2829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Beacon Ridge Health Insur-	cupation	1
	ance Services ITISI	urance Agent	
		gregate Year-to-Date ▼	
	Primary General Other (specify)	210.00	
	Calor (specify)		
S	UBTOTAL of Receipts This Page (optional)		90.00
т	OTAL This Period (last page this line number only)	•	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stateme			y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) REBECCA L. PURDY			Date of Receipt
	Mailing Address 724 South 9th Street			08 31 2007
	City	State	Zip Code	Transaction ID: 21574653
	Las Vegas	NV	89101-7015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Harrison Insurance Agency	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		210.00	1
	Other (specify) 🔻	0 0	210.00	
В.	Full Name (Last, First, Middle Initial) JONI Robin REENTS			Date of Receipt
	Mailing Address 7100 N. Broadway, #6-0	OPH		M M / D D / Y Y Y Y
	011		7: 0 1	08 31 2007
	City	State	Zip Code	Transaction ID: 21574654
	<u>Denver</u>	CO	80221-2943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Romer Reents & Associates	Occupation Producer		
	Inc. Receipt For:		Year-to-Date V	
	Primary General		040.00	1
	Other (specify) ▼		240.00	
C.	Full Name (Last, First, Middle Initial) DIANALOU WOLFF			Date of Receipt
	Mailing Address 106 Main Street			08 31 2007
	City	State	Zip Code	Transaction ID: 21574657
	Kingston	NY	12401	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer Benefit Counseling Associ-	Occupation		
	ates	<u> </u>	Health Benefit Specialist	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	240.00	
_				
	·			00.00
S	UBTOTAL of Receipts This Page (optional)			90.00
_	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 121	
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Statements ma			y not be sold or used by any perso	
or	for commercial purposes, other than using the r	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) DENNIS E. WRIGHT			Date of Receipt
	Mailing Address 111 East Ludwig Road,	Suite 108		08 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574660
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer IntraHealth Solutions In-	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		780.00	1
	Other (specify)	0 0	780.00	
В.	Full Name (Last, First, Middle Initial) NORMAN D. SPRINGER			Date of Receipt
	Mailing Address 1626 East 203rd Street			08 31 2007
	City	State	Zip Code	Transaction ID: 21574662
	Westfield	IN	46074-9687	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	
	federal political committee.	C		30.00
	Name of Employer	Occupation	 1	
	American Community Mutual	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		340.00	1
	Other (specify)	0 0	0 10.00	
C.	Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON			Date of Receipt
	Mailing Address 739 East Jackson Stree	t		M M / D D / Y Y Y Y
	21.			08 31 2007
	City Martinsville	State IN	Zip Code	Transaction ID: 21574663
		IIN	46151-2033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Community Mutual Insurance Receipt For: Primary Aggrega			
			e Year-to-Date ▼	,
	Other (specify)		240.00	
_				
	•			145.00
S	UBTOTAL of Receipts This Page (optional)		······································	145.00
	OTAL This Period (last page this line number o	oly)		

SCHEDULE A (FEC Form 3X)			Harananaharahad Is/a)	FOR LINE NUMBER: PAGE 63 / 121	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Health Underwri	iters PAC (HUPAC)		
A.	Full Name (Last, First, Middle Initial) GREGORY S SMITH			Date of Receipt	
	Mailing Address 2201 Woodlawn Road PO Box 370			08 31 2007	
	City	State	Zip Code	Transaction ID: 21574666	
	Lincoln	IL	62656-9645	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		15.00	
	Name of Employer Group Marketing Services	Occupation			
	Inc. Receipt For:		Year-to-Date ▼		
	Primary General		245.00	1	
	Other (specify) ▼	0 0	245.00		
В.	Full Name (Last, First, Middle Initial) ROSEMARY DEININGER			Date of Receipt	
	Mailing Address 12801 N. Central Expres	M " M / D " D / Y " Y " Y " Y			
	011		7' 0 1	08 31 2007	
	City	State	Zip Code	Transaction ID: 21574669	
	Dallas	TX	75243-1741	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Waldman Brothers	Occupation			
		Account I			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify) ▼		360.00		
	Full Name (Last, First, Middle Initial) MICHELLE S HOWARD			Date of Receipt	
Ο.	Mailing Address 2850 West Grand Boule	ward		M M / D D / Y Y Y Y	
		, vara		08 31 2007	
	City	State	Zip Code	Transaction ID: 21574671	
	Detroit	MI	48202-2643	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
			n e Agent		
			Year-to-Date ▼		
	Primary General	1 1	180.00	1	
	Other (specify) ▼	0 0	100.00		
s	UBTOTAL of Receipts This Page (optional)			75.00	
			•		
т	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 121
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.		-1		13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and ado	rnot be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
National Association of Health Underwriters PAC (HUPAC)				
A.	Full Name (Last, First, Middle Initial) KAY KNUTSON			Date of Receipt
	Mailing Address 11209 Academy Ridge Rd., NI			08 31 2007
	City	State	Zip Code	Transaction ID: 21574673
	<u>Albuquerque</u> NM		87111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Presbyterian Health Plan	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		780.00	7
	Other (specify)	0 0	700.00	
В.	Full Name (Last, First, Middle Initial) ELEANOR BROCKHURST			Date of Receipt
	Mailing Address 1212 East Osborn Road	08 31 2007		
	City	State	Zip Code	Transaction ID: 21574677
	Phoenix	AZ	85014-5533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Brockhurst & Associates Inc.	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	240.00	7
	Other (specify)	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) JOSEPH LEE HANNAH			Date of Receipt
	Mailing Address 3130 Chaparral Drive			08 / 31 / 2007
	City	State	Zip Code	Transaction ID: 21574679
	Roanoke	VA	24018-4353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		50.00
	Receipt For: Primary General Aggreg		n Executive	
			Year-to-Date ▼	
			400.00	7
	Other (specify)	0 0	400.00	
s	UBTOTAL of Receipts This Page (optional)			165.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 121
TEMIZED RECEIPTS	or each category of the	(check only one)
TI LIMIZED TILOLII 13	Detailed Summary Page	X 11a 11b 11c 12
A : (; ; ; ;) () () () () () () ()		13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Association of Health Underwri	ters PAC (HUPAC)	
Full Name (Last, First, Middle Initial) GERALD G HARTMAN		Date of Receipt
Mailing Address PO Box 5716		08 / 31 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 21574680
Boise	ID 83705-0716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Insurance Network America Inc	Occupation Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	365.00	1
Other (specify) ▼	305.00	
Full Name (Last, First, Middle Initial) LORI J HEADLEY		Date of Receipt
Mailing Address PO Box 14725		08 / 31 / 2007
City	State Zip Code	Transaction ID: 21574681
Portland	OR 97293-0725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Healthwise Insurance Plan-	Occupation	
<u>ning</u>	Insurance Agent	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) C. RONALD M LEVINE		Date of Receipt
Mailing Address 3965 Johns Creek Ct., S	Suite- A	08 31 2007
City	State Zip Code	Transaction ID: 21574684
Suwanee	GA 30024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer ARINSO International	Occupation Vice President of Sales, SE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	240.00	1
Other (specify)	240.00	
SUBTOTAL of Receipts This Page (optional)		110.00
TOTAL This Period (last page this line number or	nlv)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 121 (check only one)
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persitess of any political committee to	on for the purpose of soliciting contributions
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	NAME OF COMMITTEE (In Full) National Association of Health Underwrite		•	Solicit Continuations from Such Continuace.
Α.	Full Name (Last, First, Middle Initial) NICHOLAS S. MASSEI, JR Mailing Address 832 Humewick Way			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sunnyvale	State CA	Zip Code 94087-3534	Transaction ID: 21574686 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34007 0304	85.00
	Name of Employer Massei Insurance Services Agency Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
В.	Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK			Date of Receipt
	Mailing Address PO Box 38248 3300 Battleground Ave. #	200 (274 State	I-1 Zip Code	0 8 3 1 2 0 0 7 2 0 0 7
	Greensboro	NC	27438-8248	Transaction ID: 21574687 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1,100 02.10	85.00
		Occupation Insurance	e Agent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
C.	Full Name (Last, First, Middle Initial) DANIEL W. MCMAHON			Date of Receipt
	Mailing Address 123 East 2nd Avenue			08 / 31 / 2007
	City Spokane	State WA	Zip Code 99202-1504	Transaction ID: 21574688 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Jones & Mitchell Insurance	Occupation Benefits I		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional))	220.00
7	OTAL This Period (last page this line number onl	y)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 121	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	winforms still a social frame such December and Otatas			13 14 15 16 17
or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	ents may e and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Association of Health Underwriters	s PAC (HUPAC)	
\angle			,	
	Full Name (Last, First, Middle Initial)			Data of Descript
Α.	MEL A SCHLESINGER Mailing Address PO Box 30100			Date of Receipt
	Mailing Address PO Box 30100			08 31 2007
	City	State	Zip Code	Transaction ID: 21574690
	Winston Salem	NC	27130-0100	Amount of Each Receipt this Period
	FEC ID number of contributing	2		95.00
	federal political committee.	C		85.00
	Name of Employer The Rainmakers Group Inc.	ccupation	า	\neg
	The Rainmakers Group Inc.	surance	e Agent	
		ggregate	e Year-to-Date ▼	
	Primary General		880.00	
	Other (specify) ▼	1 1	1 1 1 1 1 1 1	
_	Full Name (Last, First, Middle Initial)			5. (5.)
В.	JAMES D SCHULZ			Date of Receipt
	Mailing Address 7101 S. 82nd St.			08 31 2007
	City	State	Zip Code	Transaction ID: 21574691
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C .		85.00
	Name of Employer	ccupation	2	_
	Midlands Financial Benefi-	-	e Agent	
	.10		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		680.00	
_				
C.	Full Name (Last, First, Middle Initial) JIM BOWMAN			Date of Receipt
	Mailing Address 2701 West 15th Street, # 5	54		M M / D D / Y Y Y Y
				08 31 2007
		State	Zip Code	Transaction ID: 21574695
		TX	75075-7523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C '		30.00
	rederal political committee.			
	Rowman & Rowman Concultan	ccupation		
	ts Inc.		e Agent	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
	Cutor (opcony) \	0 0		1
s	UBTOTAL of Receipts This Page (optional)			200.00
\vdash	,			
т	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JAMES R STENGER Mailing Address 268 South Street City Morristown FEC ID number of contributing federal political committee. Name of Employer NAS Financial Services Receipt For: Primary General Other (specify)	State NJ C Occupation Principal Aggregate	Zip Code 07960-6019	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21574699 Amount of Each Receipt this Period 170.00
3.	Full Name (Last, First, Middle Initial) H Luke MCDERMOTT Mailing Address 883 West Baxter Drive City South Jordan FEC ID number of contributing federal political committee. Name of Employer McDermott Company & Associates Receipt For: Primary General Other (specify)	State UT C Occupation Insurance Aggregate		Date of Receipt M M J 2007 Transaction ID: 21574703 Amount of Each Receipt this Period 100.00
- .	Full Name (Last, First, Middle Initial) RICHARD E. WHEELER Mailing Address 617 Highway 71, Building City Brielle FEC ID number of contributing federal political committee. Name of Employer Richard E. Wheeler Insurance Services Receipt For: Primary General Other (specify)	State NJ C Occupation Insurance		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21574710 Amount of Each Receipt this Period 30.00
S	UBTOTAL of Receipts This Page (optional)		·····	300.00
т	OTAL This Period (last page this line number on	lv)	.	

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 69 / 121 (check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit			
Α.	Full Name (Last, First, Middle Initial) MARK C RILEY			Date of Receipt
	Mailing Address PO Box 1635			08 / 31 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574712
	Irmo	SC	29063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Benefit Services	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
В.	JOSEPH A. KELLIHER			Date of Receipt
	Mailing Address 24 Sawyer Dr.	01-1-	7. O. d.	08 31 2007
	City	State	Zip Code	Transaction ID: 21574716
	Salem	VA	24153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benefits Group Inc.	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) STEPHEN SALAMON			Date of Receipt
	Mailing Address PO Box 4252			08 / 31 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574717
	Timonium	MD	21094-4252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Heritage Financial Consul-	Occupation	า	
	Heritage Financial Consultants LLC	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	
s	UBTOTAL of Receipts This Page (optional)			165.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	rs PAC (HUPAC)	
A .	Purchasing Alliánce Solutions Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		Zip Code 30152 n e Vice President e Year-to-Date ▼ 950.00	Date of Receipt M M M / 3 1 2 0 0 7 Transaction ID: 21574724 Amount of Each Receipt this Period 85.00
3.	WAYNE S. SAKAMOTO Mailing Address 2664 White Cedar Lane City Naples FEC ID number of contributing federal political committee. Name of Employer Health Insurance Interactive Inc.	State FL Occupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Norris-Byrd Group Benefits LLC	State SC C C Occupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······•	215.00
T	OTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	: PAGE 71 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)	¬ ¬
•			Detailed Summary Page	X 11a 11b 14	11c 12 15 16 17
Ar	v information copied from such Reports and Stat	ements may	└────────────────────────────────────		
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions fron	n such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	National Association of Health Underwrit	ers PAC (HUPAC)		
۹.	Full Name (Last, First, Middle Initial) JON SIVERS			Date of Receipt	
	Mailing Address 10731 Treena St., # 109			08 3	
	City	State	Zip Code	Transaction ID: 2	21574728
	San Diego	CA	92131-1040	Amount of Each F	
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer BenefitPro Insurance Serv-	Occupation			
	ices Inc. Receipt For:	Insurance	e Agent e Year-to-Date ▼	_	
	Primary General	Aggregate	r rear-to-date V	1	
	Other (specify) ▼		240.00		
 3.	Full Name (Last, First, Middle Initial) CHRISTA MCCONATHY			Date of Receipt	
	Mailing Address 5171 Verdugo Way			08 3	
	City	State	Zip Code	Transaction ID: 2	
	Ventura	CA	93004	Amount of Each F	
	FEC ID number of contributing federal political committee.	C			85.00
	Name of Employer Golden West Dental Health	Occupation	n		
	Plan	Insurance			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify)		680.00		
).	Full Name (Last, First, Middle Initial) ERIC D. JOHNSON			Date of Receipt	
	Mailing Address 3510 Willow Ridge Drive	ı		08 3	
	City	State	Zip Code	Transaction ID: 2	21574730
	Arlington	TX	76017	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer BenefitPort Southwest	Occupation	n ealth Agent		
	Receipt For:		e Year-to-Date ▼	\dashv	
	Primary General	33 -3		1	
	Other (specify) ▼		240.00		
s	UBTOTAL of Receipts This Page (optional)		·····		145.00
_	OTAL This Pariod (last page this line number as	lv)			
	OTAL This Period (last page this line number on	ıy <i>)</i>	······································		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
TI LIMIZED TIEGEN 10			Detailed Summary Page	X 11a 11b 11c 12
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or	ly information copied from such Reports and State for commercial purposes, other than using the na	on for the purpose of soliciting contributions a solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrite	ers PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) WILLIS H. GLAROS			Date of Receipt
	Mailing Address PO Box 184			08 / 31 / 2007
	City	State	Zip Code	Transaction ID: 21574732
	<u>Dyer</u>	IN	46311-0184	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Employer Benefit Systems	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		355.00	1
	Other (specify) ▼	0 0	333.00	
ь	Full Name (Last, First, Middle Initial)			Date of Descript
В.	TRISHA NORKET Mailing Address PO Box 220748			Date of Receipt
	Walling Address PO Box 220746			08 31 2007
	City	State	Zip Code	Transaction ID: 21574736
	Charlotte	NC	28222-0748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Wachovia Insurance Servic-	Occupation	1	
	es	Insurance	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
	Other (specify)			
C.	Full Name (Last, First, Middle Initial) JAMES Randall SOUTHARD			Date of Receipt
	Mailing Address 7204-B West Friendly Av	enue		M M / D D / Y Y Y Y
	211	01-1-	7'- 0-4-	08 31 2007
	City	State NC	Zip Code	Transaction ID: 21574738
	Greensboro	NC	27410-6383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Receipt For: Aggreg			
			e Agent	
			Year-to-Date ▼	
	Primary General Other (specify) ▼		310.00	
	Calc. (opcony) \		0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			145.00
\vdash	dgo (optional)			
Ιт	OTAL This Period (last page this line number onl	v)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 73 / 121
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JENNIFER L. WENKE			Date of Receipt
	Mailing Address 1395 Panther Lane, Sui	te 100		08 31 YYYY 2007
	City	State	Zip Code	Transaction ID: 21574739
	Naples	FL	34109	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer Lutgert Smith Lesher Insu-	Occupation	1	
	rance Inc.	Sr. Custo	mer Service Rep - L & H	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	240.00	1
	Other (specify) ▼		240.00	
R	Full Name (Last, First, Middle Initial) RAYMOND E. MAGNUSON			Date of Receipt
٥.	Mailing Address 9121 E. Tanque Verde I	2d #105 #3	200	M M / D D / Y Y Y Y
	Trainque Verde	10.11100, 110	500	08 31 2007
	City	State	Zip Code	Transaction ID: 21574740
	Tucson	AZ	85749-8390	Amount of Each Receipt this Period
	FEC ID number of contributing			30.00
	federal political committee.	C		30.00
	Name of Employer	Occupation	า	+
	Magnuson and Associates	Insurance		
	Receipt For:	-	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		210.00	
C.	Full Name (Last, First, Middle Initial) JAMES L. SUGDEN			Date of Receipt
	Mailing Address 2000 S Colorado Tower	#1 #9000		08 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574741
	Denver	CO	80222	Amount of Each Receipt this Period
	FEC ID number of contributing	C		30.00
	federal political committee.			
	Name of Employer Employee Benefit Solutions	Occupation		
	Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		210.00	
	☐ Other (Specify) ♥			1
_	LIDTOTAL of Desciols This Description II			90.00
L	UBTOTAL of Receipts This Page (optional)		······	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and Star or commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full) National Association of Health Underwri	ters PAC (HUPAC)	
A. <u>I</u>	Full Name (Last, First, Middle Initial) ROBERT C TRETTER Mailing Address 13016 Delmar Street Dity Leawood FEC ID number of contributing ederal political committee. Name of Employer Thomas McGee L.C. Receipt For: Primary General Other (specify)	State KS C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. <u>/</u> N	Full Name (Last, First, Middle Initial) ANNE P SPERLING Mailing Address 25 Antigua Road City Santa Fe FEC ID number of contributing ederal political committee. Name of Employer Daniels Insurance Inc. Receipt For: Primary General Other (specify)		Zip Code 87508-2201 n e Benefits Manager e Year-to-Date ▼ 420.00	Date of Receipt M M J D D J Z D O 7 Transaction ID: 21574748 Amount of Each Receipt this Period 40.00
C. (N)	Full Name (Last, First, Middle Initial) CAROLYNNE E. MULDOON Mailing Address 457 Main Street City Longmont FEC ID number of contributing ederal political committee. Name of Employer Milestone Insurance Agency Receipt For: Primary General Other (specify)	State CO C Occupation Owner Aggregate	Zip Code 80501-5534	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SU	BTOTAL of Receipts This Page (optional)		_	120.00
то	TAL This Period (last page this line number or	nlv)		

SC	CHEDULE A (FEC Form 3X)		Llac concrete cohodulo(c)	FOR LINE NUMBER: PAGE 75 / 121
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit	ers PAC (HUPAC)	
٩.	Full Name (Last, First, Middle Initial) DESMOND X. SLATTERY			Date of Receipt
	Mailing Address PO Box 256			08 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574757
	Spring Lake	NJ	07762-0256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer John J. Slattery Associat- es Inc.	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	_ · · ·	680.00	1
	Other (specify) ▼	0 0	000.00	
3.	Full Name (Last, First, Middle Initial) GREG HORSTMAN			Date of Receipt
	Mailing Address N7940 Highway E			08 / 31 / 2007
	City	State	Zip Code	Transaction ID: 21574761
	Watertown	WI	53094-9535	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer WisconsinRx	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	210.00	1
	Other (specify) ▼	0 0	210.00	
Э.	Full Name (Last, First, Middle Initial) VINCENT GUERRA			Date of Receipt
	Mailing Address 514 Pettigru Street			08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574762
	Greenville	SC	29602-0168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer The Cason Group Inc.	Occupation		7
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify) ▼	' '	220.00	
	Cities (apoonly)		0 0 0 0 0 0 0	
SI	JBTOTAL of Receipts This Page (optional)			145.00
	OTAL This Period (last page this line number onl	lv)		

COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 76 / 121
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwri	iters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) ROSANNE WOLFE			Date of Receipt
	Mailing Address 4600 East Swans Nest I	Road		08 31 2007
	City	State	Zip Code	Transaction ID: 21574763
	Tucson	AZ	85718-6248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Wolfe Insurance & Consult- ants LLC	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date	
	Primary General		205.00	1
	Other (specify) ▼		205.00	
_				
В.	Full Name (Last, First, Middle Initial) RODNEY STUART			Date of Receipt
	Mailing Address 9755 Randall Dr., # 101	M M / D D / Y Y Y Y		
		08 31 2007		
	City	State	Zip Code	Transaction ID: 21574765
	Indianapolis	<u>IN</u>	46280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Benefit Innovations LLP	Occupation		7
	Receipt For:	1	Year-to-Date V	
	Primary General	Aggregate	Teal to Bate ¥	1
	Other (specify)		1120.00	
			0 0 0 0 0 0 0	4
<u> </u>	Full Name (Last, First, Middle Initial) MICHELE H. MYERS			Date of Receipt
	Mailing Address 85 North Danny Thomas	s Blvd.		M M / D D / Y Y Y Y
				08 31 2007
	City	State	Zip Code	Transaction ID: 21574766
	Memphis	TN	38103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer BlueCross Blueshield of	Occupation	1	٦
	BlueCross Blueshield of Tennessee	Insurance	e Agent	
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify)		210.00	
				1
0	UBTOTAL of Receipts This Page (optional)			125.00
\vdash	ODITION TO CEIPLE THIS I age (Optional)			

CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 121
•		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underwri	ters PAC ((HUPAC)	
Full Name (Last, First, Middle Initial) A. PHYLLIS MARTINSEN			Date of Receipt
Mailing Address 1108 West Boise Avenu	e, Suite 10	00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21574767
Boise	ID	83706-3504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Byron Hyatt Erstad & Co	Occupation		
Illsuit		e Agent	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) 3. GLEN W. MULREADY			Date of Receipt
Mailing Address 1400 South Boston Aver	nue, 3rd Fl	00	0 8
City	State	Zip Code	Transaction ID: 21574768
Tulsa	OK	74119-3613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Blue Cross Blue Shield of OK	Occupation Vice Pres	n sident, Marketing	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) C. DONALD L. MATHERN			Date of Receipt
Mailing Address 7650 Cherrywood Drive			M M / D D / Y Y Y Y
	State	Zip Code	08 31 2007
City Boise	ID	83704-3541	Transaction ID: 21574769
	ID	83704-3341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Insurance Specialists	Occupation Insurance		
Receipt For:		e Year-to-Date V	-
Primary General Other (specify) ▼	7 agrogate	210.00	
SUBTOTAL of Receipts This Page (optional)			90.00
TOTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 121
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underwi	riters PAC (HUPAC)	
Full Name (Last, First, Middle Initial) STEVEN T. WISNESKI			Date of Receipt
Mailing Address 4265 Grand Haven Roa	ad, Suite 20		08 / 31 / 2007
City	State	Zip Code	Transaction ID: 21574770
Muskegon	MI	49441-5546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Creative Benefit Systems	Occupation	n	
Inc.	Presiden	t	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		360.00	
Full Name (Last, First, Middle Initial) 3. LISA S. DERYCKE			Date of Receipt
Mailing Address 2805 East Skelly Drive,	Suite 808		08 31 7 2007
City	State	Zip Code	Transaction ID: 21574772
<u>Tulsa</u>	<u>OK</u>	74105-6366	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Benefit Designs of Oklaho-	Occupation	n	7
ma Inc.	Insuranc	-	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) DAN J. SCHWARTZER			Date of Receipt
Mailing Address 4600 American Parkwa			08 / 31 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21574773
Madison	WI	53718-8334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer WAHU	Occupation		\neg
	Insuranc		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		310.00	
SUBTOTAL of Receipts This Page (optional)			90.00
		·	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 / 121
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) MISTY J. BAKER			Date of Receipt
	Mailing Address 1501 West Ave., Suite B			08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574774
	Austin	TX	78701-1560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Lonestar Benefit Solutions	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	210.00	
3.	Full Name (Last, First, Middle Initial) CATHERINE BAKAMUS			Date of Receipt
	Mailing Address PO Box 9			08 31 7 2007
	City	State	Zip Code	Transaction ID: 21574775
	Longview	WA	98632-7009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Bratrud Middleton Insuran-	Occupation		7
	ce Brokers	Insurance		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	310.00	
— Э.	Full Name (Last, First, Middle Initial) STEVEN L. WILSON			Date of Receipt
	Mailing Address 1151 Red Mile Road			08 31 2007
	City	State	Zip Code	Transaction ID: 21574776
	Lexington	KY	40504-2645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Benefit Insurance Marketi-	Occupation		
	ng	Insurance		-
	Receipt For: Primary General	Ayyreyate	Year-to-Date ▼	
	Other (specify) ▼		610.00	
s	UBTOTAL of Receipts This Page (optional)			120.00
_	OTAL This Desired floor			
- 10	OTAL This Period (last page this line number onl	ıy)		

SCHEDULE A (FEC Form 3X	1		FOR LINE NUMBER: PAGE 80 / 121
•	,	Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		2 stanea cannia, r age	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Unde	erwriters PAC ((HUPAC)	
Full Name (Last, First, Middle Initial) A. JOEL Neil NEWMAN			Date of Receipt
Mailing Address 3305 115th Ave. NE	#301		08 / 31 / 2007
City	State	Zip Code	Transaction ID: 21574777
Bellevue	WA	98004-7745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Colonial Supplemental Ins.	Occupatio Insuranc	e Agent	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		210.00	1
Other (specify)			
Full Name (Last, First, Middle Initial) 3. RAY M. MUSSER			Date of Receipt
Mailing Address 404 North Second A	venue, Suite E	3	M M / D D / Y Y Y Y
			08 31 2007
City	State	Zip Code	Transaction ID: 21574778
<u>Upland</u>	CA	91786-4701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer	Occupatio	n	
Ray M. Musser & Associates Inc.	Insuranc	e Agent	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	680.00	
Full Name (Last, First, Middle Initial) C. ERIC J JOHNSON			Date of Receipt
Mailing Address P.O. Box 244261			08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21574779
Anchorage	AK	99503-2647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Innovative Benefit Design	Occupatio Insuranc		
Receipt For:		e Year-to-Date ▼	
Primary General		260.00	1
Other (specify)	0 0	200.00	1
SUBTOTAL of Receipts This Page (optional)			145.00
·			-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 121
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) DALE R. LOWENSTEIN			Date of Receipt
	Mailing Address PO Box 8577			08 31 2007
	City	State	Zip Code	Transaction ID: 21574783
	Calabasas	CA	91372-8577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Dale R. Lowenstein Insura-	Occupation Insurance		7
	nce Services Receipt For:		Year-to-Date ▼	_
	Primary General	/ iggi ogalo	Tour to Buto V	1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) CHARLES A WEBB			Date of Receipt
	Mailing Address 15 S. Jefferson Street			M M / D D / Y Y Y Y
				08 31 2007
	City	State	Zip Code	Transaction ID: 21574784
	Roanoke	VA	24011-1303	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.			
	Name of Employer	Occupation	1	
	Benefits Group Inc.	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	510.00	1
	Other (specify)		310.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Daggint
٥.	CHERYL S FARMER Mailing Address 1755 East Bristol Street			Date of Receipt
	1733 Last Bristor Street			08 31 2007
	City	State	Zip Code	Transaction ID: 21574786
	Elkhart	IN	46514-3968	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Employer Health Resources Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	_
	Primary General	riggrogato	Tour to Bate V	1
	Other (specify)		320.00	
				1
s	UBTOTAL of Receipts This Page (optional)			155.00
\vdash				

SCHEDULE A (FEC Form 3X)			Llas assaurata askadula(a)	FOR LINE NUMBER: PAGE 82 / 121	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
_				13 14 15 16 17	
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\vdash	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Health Underwr	iters PAC (HUPAC)		
Α.	Full Name (Last, First, Middle Initial) RAYMOND F. BUZA			Date of Receipt	
	Mailing Address 215 South Olive Avenue	e, Suite 400		08 31 7 2007	
	City	State	Zip Code	Transaction ID: 21574793	
	West Palm Beach	FL	33401-5643	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		60.00	
	Name of Employer Palm Beach Insurance Adv- isory Group	Occupation Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General		240.00	1	
	Other (specify) ▼	0 0	240.00		
R	Full Name (Last, First, Middle Initial) JEFF R. MILES			Date of Receipt	
υ.	Mailing Address 578 Washington Blvd.,	#801		M M / D D / Y Y Y Y	
				08 31 2007	
	City	State	Zip Code	Transaction ID: 21574801	
	Marina del Rey	CA	90292-5442	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		85.00	
	Name of Employer The Miles Organization	Occupation	1		
	Inc.	Insurance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	0 0	510.00		
_	Full Name (Last, First, Middle Initial)			Data of Bassist	
U.	JAMES Randall SOUTHARD Mailing Address 7204-B West Friendly A	VORUE		Date of Receipt	
	7204-B West Flielidiy A	venue		08 31 2007	
	City	State	Zip Code	Transaction ID: 21574803	
	Greensboro	NC	27410-6383	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		35.00	
	Name of Employer Professional Benefits Ass-	Occupation	1		
	ociates LLC	Insurance	-		
	Receipt For:	Aggregate	Year-to-Date ▼	_	
	Primary General Other (specify) ▼		345.00		
	Culoi (Specify) \	0 0	0 0 0 0 0 0 0	1	
s	UBTOTAL of Receipts This Page (optional)			180.00	
T	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 83	3 / 121
	EMIZED RECEIPTS		or each category of the	(check only one)	40
•			Detailed Summary Page		12 16
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contribut	ions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such commit	:ee.
	NAME OF COMMITTEE (In Full)	ra DAC (LILIDAC)		
/	National Association of Health Underwrite	PIS PAC (HUPAC)		
Α.	Full Name (Last, First, Middle Initial) MARK J. LAMBERTH			Date of Receipt	
Α.	Mailing Address 1151 Red Mile Road			-	YY
				08 31 20	0.7
	City	State	Zip Code	Transaction ID: 21574811	
	Lexington	KY	40504-2649	Amount of Each Receipt this Per	iod
	FEC ID number of contributing federal political committee.	C		1	0.00
	Renetit Incurance Marketi	Occupation			
	ng	Insurance	•		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1	
	Other (specify) ▼		195.00		
_					
В.	Full Name (Last, First, Middle Initial) RICHARD P COBURN			Date of Receipt	
	Mailing Address 19 Minor Court				0.7
	City	State	Zip Code	Transaction ID: 21574826	
	San Rafael	CA	94903-3716	Amount of Each Receipt this Per	iod
	FEC ID number of contributing federal political committee.	C		3	0.00
	Name of Employer Word & Brown	Occupation	ı		
		Insurance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	180.00		
		0 0	0 0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) RICHARD P COBURN			Date of Receipt	
Ο.	Mailing Address 19 Minor Court			-	YY
					0.7
	City	State	Zip Code	Transaction ID: 21574827	
	San Rafael	CA	94903-3716	Amount of Each Receipt this Per	iod
	FEC ID number of contributing federal political committee.	C		3	0.00
	Word & Brown	Occupation Insurance			
	Receipt For:		e Agent • Year-to-Date ▼	_	
	Primary General	7.199.094.10		1	
	Other (specify) ▼		210.00		
s	UBTOTAL of Receipts This Page (optional)			7	0.00
			•		
T	OTAL This Period (last page this line number only	/)			

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 121
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	iters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) DAN WEBB			Date of Receipt
	Mailing Address 2108 24th St Ste 2			08 31 2007
	City	State	Zip Code	Transaction ID: 21574832
	Bakersfield	CA	93301-3748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer The Webb Insurance Group	Occupation Marketing	n g Manager	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		425.00	
— В.	Full Name (Last, First, Middle Initial) RYAN A SAUL			Date of Receipt
	Mailing Address 1521 Technology Parkw P.O. Box 767	ay		08 31 2007
	City	State	Zip Code	Transaction ID: 21574834
	Cedar Falls	IA	50613-6977	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer PIPAC	Occupation		
	Receipt For:	Insurance	Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-date V	7
	Other (specify) ▼		240.00	
<u> </u>	Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY			Date of Receipt
	Mailing Address 120 East Washington S	treet		08 31 2007
	City	State	Zip Code	Transaction ID: 21574836
	Plymouth	IN	46563-1744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer KL Benefits	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		680.00	
	L			00000
١٦	UBTOTAL of Receipts This Page (optional)			200.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 85 / 121
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	iters PAC (HUPAC)	_
A.	Full Name (Last, First, Middle Initial) HENRY John SULLIVAN			Date of Receipt
	Mailing Address 523 Camilla Avenue			08 / 31 / 2007
	City	State	Zip Code	Transaction ID: 21574842
	Roanoke	VA	24014-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self Employed	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		240.00	
В.	Full Name (Last, First, Middle Initial) JOHN Philip GARVEN			Date of Receipt
	Mailing Address 11715 East Main Street	- PO Box 8	3	08 31 YYYY 2007
	City	State	Zip Code	Transaction ID: 21574843
	Huntley	IL	60142-6913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benico LTD	Occupation Insurance		
	Receipt For:		Year-to-Date V	
	Primary General	riggrogato	Total to Bate V	1
	Other (specify)	0 0	340.00	
— С.	Full Name (Last, First, Middle Initial) SHELLY K WINSON			Date of Receipt
٥.	Mailing Address PO Box 1914			M M / D D / Y Y Y Y
	ag / tod. 555 O DOX 1314			08 31 2007
	City	State	Zip Code	Transaction ID: 21574845
	Scottsdale	AZ	85252-1914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Ogginati-		
	Name of Employer GroupLink Inc	Occupation Individua		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		340.00	1
	Other (specify)		340.00	
_				
				90.00
Ls	UBTOTAL of Receipts This Page (optional)			30.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 86 / 121	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11b 11 14	11c
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of solicit solicit contributions from s	ng contributions uch committee.
NAME OF COMMITTEE (In Full)				
National Association of Health Underwi	riters PAC (HUPAC)		
Full Name (Last, First, Middle Initial) WENDY VANDERWATER			Date of Receipt	
Mailing Address 515 West Southwest Lo			08 / 31	2007
City	State	Zip Code	Transaction ID: 21	
Tyler	TX	75701-9455	Amount of Each Red	eipt this Period
FEC ID number of contributing federal political committee.	C			30.00
Name of Employer Threlkeld & Company Insur-	Occupation	n	7	
ance	Insuranc			
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		340.00		
Full Name (Last, First, Middle Initial) 3. RYAN R. MCDERMOTT			Date of Receipt	
Mailing Address 883 West Baxter Drive			0 8 3 1	2007
City	State	Zip Code	Transaction ID: 21	574848
South Jordan	UT	84095-8506	Amount of Each Red	eipt this Period
FEC ID number of contributing federal political committee.	C			30.00
Name of Employer McDermott Company & Assoc-	Occupation			
iates	Insurance		_	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1	
Other (specify) ▼		240.00		
Full Name (Last, First, Middle Initial) RON J. NEZAT			Date of Receipt	
Mailing Address PO Box 91180			08 / 01	2007
City	State	Zip Code	Transaction ID: 21	
Lafayette	LA	70509-1180	Amount of Each Red	eipt this Period
FEC ID number of contributing federal political committee.	C			85.00
Name of Employer Occupati Global Financial Resources				
Inc. Receipt For:	Insurance	e Agent e Year-to-Date ▼	_	
Primary General	Ayyıeyale		1	
Other (specify)		780.00		
SUBTOTAL of Receipts This Page (optional)				145.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and Sta	atemente may	y not be sold or used by any person	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) TERESA F DEBRUIN			Date of Receipt
	Mailing Address 5880 Live Oak Parkwa Suite 230	у		08 31 2007
	City	State	Zip Code	Transaction ID: 21574853
	Norcross	GA	30092-2188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer DeBruin Benefit Services Inc./ AA LaR	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		370.00	
_	Full Name (Last, First, Middle Initial)			
В.	ALINE H. ROBERTS	0 11 444		Date of Receipt
	Mailing Address 3537 Old Conejo Road	Suite 114		08 31 2007
	City	State	Zip Code	Transaction ID: 21574854
	Newberry Park	CA	91320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer Insurance Dimensions	Occupation		
	Receipt For:	Insurance	Year-to-Date V	
	Primary General	7.99.094.0		7
	Other (specify) ▼	0 0	1360.00	
C.	Full Name (Last, First, Middle Initial) KRISTINE KASSEL			Date of Receipt
	Mailing Address 4515 S McClintock Driv	e #206		08 31 2007
	City	State	Zip Code	Transaction ID: 21574857
	Tempe	AZ	85282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benefits By Design Inc.	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	
s	UBTOTAL of Receipts This Page (optional)			230.00
Т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 121
ITEMIZED RECEIPTS		or each category of the		(check only one)
TI LIVIIZED TIECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may lame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) DWIGHT A. HALL			Date of Receipt
	Mailing Address 11555 North Meridian S	treet, Suite		08 31 2007
	City	State	Zip Code	Transaction ID: 21574858
	Carmel	IN	46032-6945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Sagamore Health Network	Occupation		7
	Inc. Receipt For:		Development Executive Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-Date ♥	1
	Other (specify) ▼	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) PATRICIA A GRIFFEY			Date of Receipt
	Mailing Address 227 Dixie Way North Su	iite 210		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574861
	South Bend	IN	46637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Page 1 Benefits Inc.	Occupation Insurance		
	Receipt For: Primary General		Year-to-Date ▼	
	Other (specify)	0 0	480.00	
<u> </u>	Full Name (Last, First, Middle Initial) GREG J. SEIFERT			Date of Receipt
	Mailing Address PO Box 189 916 Main Street			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21574862
	Vancouver	WA	98666-0189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Biggs Insurance Services	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1280.00	
s	UBTOTAL of Receipts This Page (optional)		>	175.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) PAUL E. SMITH Mailing Address 124 Washington Street City Middletown FEC ID number of contributing federal political committee. Name of Employer AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KENNETH J. STATZ Mailing Address PO Box 41068 City Brecksville FEC ID number of contributing federal political committee. Name of Employer Statz & Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TERESA F DEBRUIN Mailing Address 5880 Live Oak Parkway	State CT Occupation Insurance Aggregate State OH C Occupation Insurance	Zip Code 06457-2820 n e Agent 2 Year-to-Date ▼ 780.00	Date of Receipt M M
	Suite 230 City	State	Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 21579231
	Norcross	GA	30092-2188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		-30.00
	Name of Employer DeBruin Benefit Services Inc./ AA LaR Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		
s	UBTOTAL of Receipts This Page (optional)			85.00
T	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 / 121	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	National Association of Health Underwrite	ers PAC (HUPAC)	_	
۹.	Full Name (Last, First, Middle Initial) B D CALVIN			Date of Receipt	
	Mailing Address PO Box 101422			08 / 01 / Y Y Y Y Y 2007	
	City	State	Zip Code	Transaction ID: 21601957	
	Anchorage	AK	99510-1422	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		85.00	
	Name of Employer Calco Inc.	Occupation Insurance			
	Receipt For:		Year-to-Date ▼	-	
	Primary General Other (specify) ▼		680.00		
	Full Name (Last, First, Middle Initial)				
3.	MICHAEL KIELIAN			Date of Receipt	
	Mailing Address PO Box 45279				
	City	State	Zip Code	Transaction ID: 21601964	
	Omaha	NE	68145-0279	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		85.00	
	Name of Employer The Harry A. Koch Company	Occupation Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General		675.00		
	Other (specify) ▼		073.00		
Э.	Full Name (Last, First, Middle Initial) GLEN RIENSCHE			Date of Receipt	
	Mailing Address 3601 Calvert, Ste. 1			08 01 7 2007	
	City	State	Zip Code	Transaction ID: 21601965	
	Lincoln	NE	68506	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Advanced Insurance Servic-	Occupation		7	
	es Inc.	Insurance	e Agent • Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	rear-to-date V		
	Other (specify) ▼		210.00		
s	UBTOTAL of Receipts This Page (optional)			200.00	
	. 5 (1 /				
T	OTAL This Period (last page this line number only	y)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrit	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) GLEN RIENSCHE			Date of Receipt
	Mailing Address 3601 Calvert, Ste. 1			08 01 7 2007
	City	State	Zip Code	Transaction ID: 21601967
	Lincoln	NE	68506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Advanced Insurance Servic- es Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) TERRY IVES			Date of Receipt
	Mailing Address P O Box 3459			0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21601971
	San Clemente	CA	92674-3459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Executive Financial Advis-	Occupation	1	
	executive Financial Advis- ors Inc.	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		040.00	7
	Other (specify) ▼	0 0	240.00	
<u>_</u>	Full Name (Last, First, Middle Initial) DAVID FEAR			Date of Receipt
٠.	Mailing Address 11160 Sun Center Drive,	Suite A		0 8 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 21601978
	Rancho Cordova	CA	95670-6121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer CIMS Strategic Distributi- on Division	Occupation Director	n of Strategic Distribution	
	Receipt For:		Year-to-Date ▼	
		55 5		7
	Primary General			
	Primary General Other (specify) ▼		1040.00	
		0 0	1040.00	
		0 0	0 0 0 0 0 0 0	145.00

SCHEDULE A (FEC Form 3X)				FOR LINE N	UMBER:	PAGE 92 / 121
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only o	ne)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
				13	14	15 16 17
An or	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may le and add	not be sold or used by any perso lress of any political committee to	n for the purpos solicit contribut	e of solicitions from s	ting contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Health Underwriter	rs PAC (HUPAC)			
۹.	Full Name (Last, First, Middle Initial) EUGENE ROWE			Date of R	eceipt	
	Mailing Address 16000 Ventura Blvd, Suite	1103		M M M 0 8	0 1	2007
	City	State	Zip Code	Transacti	on ID: 21	601980
	Encino	CA	91436-2767	Amount o	f Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С				30.00
	R & R Incurance and Retir-	Occupation nsurance				
	CITICITE OCIVICO		Year-to-Date ▼			
	Primary General		240.00			
	Other (specify) ▼	0 0	240.00			
3.	Full Name (Last, First, Middle Initial) JANET TRAUTWEIN-STOKES			Date of R	eceipt	
	Mailing Address 2000 N 14th Street		0 8	01	2007	
	City	State	Zip Code	Transacti	on ID: 21	601981
	Arlington	VA	22201	Amount o	f Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С				85.00
	Name of Employer NAHU	Occupation	1			
			VP, CEO			
		Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		680.00			
).	Full Name (Last, First, Middle Initial) ELIZABETH RIOS-CARL			Date of R	eceipt	
	Mailing Address 124 West Castellano Drive	e, Suite 2		0.8	01	2007
	City	State	Zip Code	Transacti	on ID: 21	601985
	El Paso	TX	79912-6139	Amount o	f Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C				30.00
	Coodman Einanaial Craun	Occupation P - Emp	oloyee Benefits			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		240.00			
	Other (specify) ▼	0 0	240.00			
s	UBTOTAL of Receipts This Page (optional)		·····			145.00
Т	OTAL This Period (last page this line number only)		>			
	` , 5		_			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 93 / 121
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) THOMAS EVANS			Date of Receipt
	Mailing Address 7261 Mercy Rd.			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 21601988
	Omaha	NE	68164-9684	Amount of Each Receipt this Period
		INE	00104 3004	Amount of Each neceipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer BlueCross Blue Shield of	Occupation Insurance		7
	Nebraska Receipt For:	1	Year-to-Date V	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify)		590.00	
В.	Full Name (Last, First, Middle Initial) DAVID BERMAN			Date of Receipt
	Mailing Address 6510 N. Shadeland Ave	nue		M M / D D / Y Y Y Y
				08 01 2007
	City	State	Zip Code	Transaction ID: 21601992
	Indianapolis	IN	46220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Neace Lukens Holding Comp-	Occupation		
	any Inc.	Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		480.00	
	Cirici (Specify) 🔻			1
<u> </u>	Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE			Date of Receipt
	Mailing Address 7606 University Avenue	, Suite B		M M / D D / Y Y Y Y
				08 01 2007
	City	State	Zip Code	Transaction ID: 21601993
	Lubbock	TX	79423-2128	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer Ashmore Agency Inc	Occupation	1	
		Insurance	•	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	950.00]
	Other (specify)		000.00	1
	LIPTOTAL of Possints This Poss (anticas)			245.00
\vdash	UBTOTAL of Receipts This Page (optional)			
				· · · · · · · · · · · · · · · · · · ·

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Health Underw	• • • • • • • • • • • • • • • • • • • •	
Full Name (Last, First, Middle Initial) Timothy Hendricks Mailing Address 1605 S Eucalyptus Ave City Broken Arrow FEC ID number of contributing federal political committee. Name of Employer Business Planning Group Of OK Receipt For: Primary General Other (specify)	State Zip Code OK 74012-5906 C Occupation Insurance Agent Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21601996 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) MARY KRAMER Mailing Address 2637 South 158th Plaz		Date of Receipt 0 8 0 1 2 0 0 7
City Omaha FEC ID number of contributing federal political committee.	State Zip Code NE 68130-1769	Transaction ID: 21602001 Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associa- tes Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) ROBERT GRUNDMAN Mailing Address 7412 Karl Drive City Lincoln	State Zip Code NE 68516-4368	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 21602004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Senior Benefit Strategies Receipt For: Primary General	Occupation Insurance Agent Aggregate Year-to-Date ▼	30.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of the content of the conten		170.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 121
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δ	ny information copied from such Reports and Stater	nonte may	not be cold or used by any perce	
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrite	rs PAC (I	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) STEPHEN SALAMON			Date of Receipt
	Mailing Address PO Box 4252			08 / 01 / 2007
	City	State	Zip Code	Transaction ID: 21602012
	Timonium	MD	21094-4252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Haritaga Financial Consul-	Occupation nsurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	385.00	1
	Other (specify)	0 0	383.00	
В.	Full Name (Last, First, Middle Initial) LINDA ERLENCACH			Date of Receipt
ъ.	Mailing Address 151 Belcourt Lane			M M / D D / Y Y Y Y
	Walling Address 131 Delcourt Larie			08 01 2007
	City	State	Zip Code	Transaction ID: 21602019
	Aurora	OH	44202-8438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	I M Erlenbach Inc	Occupation		
			Consultant	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
	Cutor (speerly) Ψ	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) LISA ILLS			Date of Receipt
	Mailing Address 4455 East Camelback Roa	ad, Suite	D2	M M / D D / Y Y Y Y
	-			08 01 2007
	City	State	Zip Code	Transaction ID: 21602025
	Phoenix	AZ	85018-2865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Glace Einanoiaí Group	Occupation Employee	Benefit Consultant	
Receipt For:			Year-to-Date ▼	
	Primary General	1 1	000.00	1
	Other (specify) ▼	0 0	390.00	1
	LIDTOTAL of Descripts This Description (75.00
	UBTOTAL of Receipts This Page (optional)		······	
_	OTAL This Period (last page this line number only)	1	1	

PAGE 96 / 121 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) PAULA WILSON Date of Receipt Mailing Address PO Box 892740 08 2007 01 Zip Code City State Transaction ID: 21602026 **Temecula** CA 92589-2740 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Paula L. Wilson Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ Receipt For: Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. RODNEY STUART Date of Receipt Mailing Address 9755 Randall Dr., # 101 8 0 01 2007 City Zip Code State Transaction ID: 21602034 Indianapolis IN 46280 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Benefit Innovations LLP Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 985.00 Other (specify) Full Name (Last, First, Middle Initial) C. C.L. WESTMORELAND Date of Receipt Mailing Address PO Box 925 2007 08 0 1 City State Zip Code Transaction ID: 21602037 Jackson MS 39205-0925 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer American Public Life Insu-Occupation Director of Agency Development rance Company Aggregate Year-to-Date ▼ Receipt For: Primary General 240.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
A.	Spragine Incuránce Agency	State TX C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) LEAH-ANNE JANWAY Mailing Address 211 North Robinson Aven One Leadership Square, S City Oklahoma City		Zip Code 73102-7109	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rerryhill Incurance Agency	Occupation Insurance Aggregate		30.00
C .	Full Name (Last, First, Middle Initial) WILLIAM ROBINSON Mailing Address 100 S. Sunrise Way, PME City Palm Springs FEC ID number of contributing federal political committee. Name of Employer	State CA	Zip Code 92262	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21602044 Amount of Each Receipt this Period 85.00
	Palm Canyon Incurance Age	Insurance		
s	UBTOTAL of Receipts This Page (optional)		·····	145.00
т	OTAL This Period (last page this line number only	v)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 98 / 121 (check only one)
	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	National Association of Health Underwrit	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) BRUCE GARDNER			Date of Receipt
	Mailing Address 1502 West Avenue			08 01 7 2007
	City	State	Zip Code	Transaction ID: 21602045
	Austin	TX	78701-1561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Bruce Gardner Insurance & Investments	Occupation Registere	n ed Representative	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		640.00	
3.	Full Name (Last, First, Middle Initial) GEORGE CONDOS			Date of Receipt
	Mailing Address 7881 West Charleston Bl	08 01 7 2007		
	City	State	Zip Code	Transaction ID: 21602047
	<u>Las Vegas</u>	NV	89117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Leavitt Insurance Agency	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
 C.	Full Name (Last, First, Middle Initial) DENNIS RECKER			Date of Receipt
	Mailing Address 971 North Perry Street			08 01 7 2007
	City	State	Zip Code	Transaction ID: 21602048
	Ottawa	OH	45875-1218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Fawcett Lammon Recker	Occupation		7
	& Associates Receipt For:		ed Representative e Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	240.00	
s	UBTOTAL of Receipts This Page (optional)			140.00
т.	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
A. 3.	Full Name (Last, First, Middle Initial) LARRY KACZMAREK Mailing Address 2633 State Route 59, Su City Ravenna FEC ID number of contributing federal political committee. Name of Employer Kaczmarek Insurance Services Inc. Receipt For: Primary General Other (specify) City Full Name (Last, First, Middle Initial) EUGENE EBERSOLE Mailing Address PO Box 2886 City Gretna	State OH C C C C C C C C C C C C C C C C C C		Date of Receipt M M M / D D / 2007 Transaction ID: 21602051 Amount of Each Receipt this Period 100.00 Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Ebersole & Associates Inc. C. Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		85.00
D.	Full Name (Last, First, Middle Initial) RUSSELL CHILDERS Mailing Address PO Box 1547 City Americus FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify)	State GA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21602055 Amount of Each Receipt this Period 30.00
s	UBTOTAL of Receipts This Page (optional)		·····	215.00
T	OTAL This Period (last page this line number on	lv)	>	

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 100 / 121
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	ntements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwri	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) VIRGINIA D. SAFFORD			Date of Receipt
	Mailing Address 5753 North River Road			08 01 7 2007
	City	State	Zip Code	Transaction ID: 21602060
	Waterville	ОН	43566-9765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Group Health Benefits	Occupation Insurance		7
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		340.00	
В.	Full Name (Last, First, Middle Initial) RICHARD HILL			Date of Receipt
	Mailing Address 4435 O Street P.O. Box 30275	08 01 2007		
	City	State	Zip Code	Transaction ID: 21602064
	Lincoln	NE	68510-1842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer UNICO Financial Services	Occupation		
	Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	'''	480.00	
	Other (specify)			
<u> </u>	Full Name (Last, First, Middle Initial) DONNA HILL			Date of Receipt
	Mailing Address PO Box 724			M M / D D / Y Y Y Y
				08 01 2007
	City	State	Zip Code	Transaction ID: 21602067
	Snellville	GA	30078-0724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer DDH Associates LLC	Occupation	n surance Agent	7
	Receipt For:		Year-to-Date ▼	_
	Primary General	33. 234.0		1
	Other (specify)	1	750.00	
				*
	UBTOTAL of Receipts This Page (optional)			215.00
\vdash	CETAL OF TOOOPER THIS Tage (optional)			

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 121 (check only one) X
Ar	ry information copied from such Reports and St. for commercial purposes, other than using the	atements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Association of Health Underwi	riters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) SUZANNE JOHNSON	Date of Receipt		
	Mailing Address 6235 Morrison Bouleva	08 01 2007		
	City Charlotte	State NC	Zip Code	Transaction ID: 21602073
	FEC ID number of contributing federal political committee.	C	28211-3508	Amount of Each Receipt this Period 40.00
	Name of Employer Strategic Employee Benefit Services Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
В.	Full Name (Last, First, Middle Initial) JOHN PARKER Mailing Address 47 Laurel Hill Drive			Date of Receipt
	City	State	Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 21602079
	Niantic	CT	06357-1536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Parker Agency	Occupation Principal		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 820.00	
<u> </u>	Full Name (Last, First, Middle Initial) KATHRYN ANDERSON			Date of Receipt
	Mailing Address P. O. Box 7648			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tyler	State TX	Zip Code 75711-7648	Transaction ID: 21602081 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Strategies In Employee Be- nefits Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
s	UBTOTAL of Receipts This Page (optional)			210.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIVIIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Stater	ments mav	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwriter	rs PAC (I	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) KELLY FRISTOE			Date of Receipt
	Mailing Address 807 8th Street, Suite 300 P.O. Box 4789			08 / 01 / Y Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: 21602089
	Wichita Falls	TX	76308-0789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Financial Partnérs	Occupation nsurance		
			Year-to-Date ▼	
	Primary General	199.194	· · · · · · · · · · · · · · · · · · ·	
	Other (specify) ▼	0 0	340.00	
3.	Full Name (Last, First, Middle Initial) RYAN THORN			Date of Receipt
	Mailing Address 10342 South Springcrest L	0 8		
	City	State	Zip Code	Transaction ID: 21602090
	South Jordan	UT	84095-4538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Ryan P. Thorn Insurance	Occupation	1	7
	Planning Inc.	nsurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		490.00	
		0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial) DAVID MOORE			Date of Receipt
	Mailing Address PO Box 1006			08 01 2007
	City	State	Zip Code	Transaction ID: 21602093
	Burlington	NC	27216-1006	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.	0		
	David R Moore CIII & Ass-	Occupation		
	ociates	nsurance	-	_
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		780.00	
	(openin) \ \	1 1		
•	UBTOTAL of Receipts This Page (optional)		_	145.00
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т	OTAL This Period (last page this line number only))	•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 103 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	ress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)	ara DAC (I	LILIDAC)	
/	National Association of Health Underwrit	ers PAC (I	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) JULIA A. JENNINGS			Date of Receipt
	Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120			08 01 2007
	City	State	Zip Code	Transaction ID: 21602097
	Dartmouth	MA	02747-1278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Sylvia & Co. Ins. Agency	Occupation	1	
	Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	240.00	
	Curior (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) MICHAEL E. CARMEAN			Date of Receipt
	Mailing Address PO Box 7367			M " M / D " D / Y " Y " Y " Y
	2300 Whittlesey Rd Suite		Zin Codo	08 01 2007
	City Columbus	State GA	Zip Code 31908-7367	Transaction ID: 21602098
			31900-7307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	<u> </u>	-
	Paragon Marketing		ident, Group Sales & Marke	in
	Receipt For:		Year-to-Date ▼	
	Primary General		1066.00	
	Other (specify) ▼		1000.00	
.	Full Name (Last, First, Middle Initial) TAMMY WINN			Date of Receipt
_ •	Mailing Address 5113 Southwest Parkway	/ #150		M M / D D / Y Y Y Y
	-		7: 0 1	08 01 2007
	City Austin	State TX	Zip Code 78735	Transaction ID: 21602103
	FEC ID number of contributing		76733	Amount of Each Receipt this Period
	federal political committee.	C		30.00
	Name of Employer Pro Insurance Services	Occupation		
	Receipt For:	Insurance	e Agent Year-to-Date ▼	-
	Primary General	, iggi ogale		
	Other (specify) ▼		220.00	
S	UBTOTAL of Receipts This Page (optional)			160.00
	. 5 (17			

CCHEDIII E A /EEC Form 3V)			FOR LINE NUMBER: PAGE 104 / 121	
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
		Detailed Summary Fage	13 14 15 16 17	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
National Association of Health Underwr	riters PAC ((HUPAC)		
Full Name (Last, First, Middle Initial) THELMA KACZMAREK			Date of Receipt	
Mailing Address 2633 State Route 59, S P O Box 345			08 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 21602104	
Ravenna	OH	44266	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Kaczmarek Ins. Services	Occupatio Insuranc		7	
Agency Inc. Receipt For:		e Year-to-Date ▼		
Primary General	00 0		1	
Other (specify) ▼	0 0	800.00		
Full Name (Last, First, Middle Initial) 3. WESLEY MOORE, III			Date of Receipt	
Mailing Address P O Box 604	08 01 7 2007			
City	State	Zip Code	Transaction ID: 21602108	
<u>Darlington</u>	SC	29540-0604	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer W P Moore Agency	Occupatio Presiden			
Receipt For:		e Year-to-Date ▼	_	
Primary General	Aggregate	F Teal-10-Date V	1	
Other (specify) ▼		900.00		
Full Name (Last, First, Middle Initial) 5. SUZY ALBERTS			Date of Receipt	
Mailing Address 20700 Civic Center Driv Ste 250	Mailing Address 20700 Civic Center Drive			
City	State	Zip Code	Transaction ID: 21602139	
Southfield	MI	48076	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		30.00	
Name of Employer Comerica Insurance Servic-	Occupatio Insuranc			
es Receipt For:		e Year-to-Date ▼	_	
Primary General	33 -33		1	
Other (specify) ▼		240.00		
			230.00	
SUBTOTAL of Receipts This Page (optional)		······		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 105 / 121
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED HEGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny information copied from such Reports and Sta	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) STEPHANIE M. DENZ			Date of Receipt
	Mailing Address 5000 US Hwy 17, 18#3	14		08 / 01 / 7 2007
	City	State	Zip Code	Transaction ID: 21602155
	<u>Jacksonville</u>	<u>FL</u>	32003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer BenefitPort Southeast	Occupation Field Sale	n es Representative	
	Receipt For:		Year-to-Date ▼	
	Primary General		320.00	1
	Other (specify) 🔻		020.00	
В.	Full Name (Last, First, Middle Initial) MARK A. SCHLANGE			Date of Receipt
υ.	Mailing Address P. O. Box 700			M M / D D / Y Y Y Y
	. C. Box 700			08 01 2007
	City	State	Zip Code	Transaction ID: 21602159
	Bellevue	NE	68005-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer The Benefit Consultant Gr-	Occupation	ı	
	oup Inc.	Agent		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		240.00	
	case (epocary) •			1
<u> </u>	Full Name (Last, First, Middle Initial) GLORIA D. HOPPER			Date of Receipt
	Mailing Address 6400 Fairview Road			M M / D D / Y Y Y Y
	City	Ctata	7in Code	08 01 2007
	City Charlotte	State NC	Zip Code 28210-3237	Transaction ID: 21602161
			20210-0201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Wachovia Insurance Servic-	Occupation		
	es Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼			320.00	
	Calco (opcomy) •	0 0	0 0 0 0 0 0 0	1
	-			100.00
s	UBTOTAL of Receipts This Page (optional)			100.00
1 T	OTAL This Period (last page this line number of	niv)		

S	CHEDULE A (FEC Form 3X)		Haramanaha sahada (a/a)	FOR LINE NUMBER: PAGE 106 / 121
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrite	ers PAC (I	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) CYNTHIA DOUCET			Date of Receipt
	Mailing Address P. O. Box 91180			08 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21602164
	Lafayette	LA	70509-1180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Global Financial Resources Inc.	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General		040.00	
	Other (specify) ▼	0 0	240.00	
3.	Full Name (Last, First, Middle Initial) JOSEPH ROBERTS			Date of Receipt
	Mailing Address 7101 S. 82nd St., #B			08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21602165
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation		7
	Midlands Financial Benefits		d Representative	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	900.00	
— Э.	Full Name (Last, First, Middle Initial) LINDA FRIEDRICH			Date of Receipt
	Mailing Address PO Box 30275			0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 21602168
	Lincoln	NE	68503-0275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer UNICO Financial Services	Occupation		
	Inc. Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		
	Other (specify) ▼		400.00	
S	UBTOTAL of Receipts This Page (optional)			180.00
			······································	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 107 / 121
•		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		Dotailed Carrillary 1 age	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underw	riters PAC (HUPAC)	
Full Name (Last, First, Middle Initial) A. Joseph Phifer			Date of Receipt
Mailing Address 5495 Belt Line Road, S	uite 155		08 / 01 / 4 4 4 4
City	State	Zip Code	Transaction ID: 21602179
<u>Dallas</u>	TX	75254-7643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer SafeGuard Health Enterpri-	Occupation		
ses Receipt For:		e Year-to-Date ▼	
Primary General	1 1		1
Other (specify) ▼	0 0	780.00	
Full Name (Last, First, Middle Initial) 3. DANIEL TOMPKINS, III			Date of Receipt
Mailing Address PO Box 1810			M M / D D / Y Y Y Y
800 Old Roswell Lakes	•		08 01 2007
City	State	Zip Code	Transaction ID: 21602188
Roswell	GA	30077-1810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer	Occupation	n	
Admin America	Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		320.00	
Full Name (Last, First, Middle Initial) C. ALAN SCHULMAN			Date of Receipt
Mailing Address 2003 Little Haven Cour	t		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 21602200
Olney	MD	20832-1634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Insurance Benefits & Advisors Insura			7
		-	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)	0 0	250.00	
SUBTOTAL of Receipts This Page (optional))	155.00
,		-	-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 121 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite		•	
Full Name (Last, First, Middle Initial) VIRGINIA ASHTON Mailing Address 1900 Electric Road City Salem VA FEC ID number of contributing federal political committee. Name of Employer Lewis-Gale Medical Center Occupation Director of Cartery Committee Comm		Zip Code 24153-7474 n of Provider Relations e Year-to-Date ▼ 240.00	Date of Receipt M M D D 2 0 0 7 Transaction ID: 21602202 Amount of Each Receipt this Period 30.00 Date of Receipt M M D D 2 0 0 7 0 8 0 1 2 0 0 7	
	City Seattle FEC ID number of contributing federal political committee. Name of Employer Dental Health Services Inc. Receipt For: Primary General Other (specify)	1	Zip Code 98103-8869 n sident Sales & Service e Year-to-Date ▼ 240.00	Transaction ID: 21602203 Amount of Each Receipt this Period 30.00
D.	Full Name (Last, First, Middle Initial) LISA WETHERTON Mailing Address 4180 Providence Rd Suite 200 City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Benefit Designs Receipt For: Primary General Other (specify)	State GA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21602209 Amount of Each Receipt this Period 20.00
s	UBTOTAL of Receipts This Page (optional)			80.00
т	OTAL This Period (last page this line number or	nlv)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 109 / 121									
ıт	EMIZED RECEIPTS		or each category of the	(check only one)									
• • • • • • • • • • • • • • • • • • • •	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12									
			, ,	13 14 15 16 17									
Ar or	ry information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.									
abla	NAME OF COMMITTEE (In Full)												
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)										
Α.				Date of Receipt									
	Mailing Address 268 South Street			08 01 7 2007									
	City	State	Zip Code	Transaction ID: 21602211									
	Morristown	NJ	07960	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	NAS Einancial Services	Occupation Insurance											
			Year-to-Date ▼										
	Primary General	00 0		1									
	Other (specify) ▼		780.00										
				1									
В.	Full Name (Last, First, Middle Initial) JAMES S. GARBINA			Date of Receipt									
	Mailing Address 11949 Q Street			M M / D D / Y Y Y Y									
				08 01 2007									
	City	State	Zip Code	Transaction ID: 21602218									
	Omaha	NE	68137-3595	Amount of Each Receipt this Period									
	FEC ID number of contributing			05.00									
	federal political committee.	C		85.00									
	Name of Employer Harry A. Koch Co.	Occupation	١	7									
	Harry A. Koch Co.	Insurance	e Agent										
	1.1		Year-to-Date V	7									
	Primary General			1									
	Other (specify) ▼		680.00										
				4									
C.	Full Name (Last, First, Middle Initial) CHARLES LINEBERGER			Date of Receipt									
	Mailing Address 1536-A Union Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 21602220									
	Gastonia	NC	28054-2204	Amount of Each Receipt this Period									
				- Attrount of Each Hoodipt this Fortion									
	FEC ID number of contributing federal political committee.	С		30.00									
	Ronofit Parthoré Inc	Occupation President											
			Year-to-Date ▼	7									
	Primary General	55 - 9-10		1 I									
	Other (specify)		240.00										
		0 0		1									
_	IIDTOTAL of Descripto This Descripto B			200.00									
LS	UBTOTAL of Receipts This Page (optional)			-									
1													

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 110 / 121 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>. </u>	NAME OF COMMITTEE (In Full)		. soo or arry pointion committee to	
\rangle	National Association of Health Underwriter	rs PAC (I	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) CATHERINE FICARA			Date of Receipt
	Mailing Address 26999 Central Park Blvd.			08 01 2007
	City	State	Zip Code	Transaction ID: 21602222
	Southfield	MI	48076-4174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Austin Einensiel Group II	Occupation Health Ins	surance Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
3.	Full Name (Last, First, Middle Initial) STEVEN J. SINKLER			Date of Receipt
	Mailing Address 4320 114th St.			08 01 2007
	City	State	Zip Code	Transaction ID: 21602225
	Urbandale	IA	50322-5408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Comprehensive Renefite Ag-	Occupation Vice Pres	ident of Sales	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	
 C.	Full Name (Last, First, Middle Initial) MARYLOU HUDMAN			Date of Receipt
	Mailing Address 5330 Bent Tree Forest Driv	ve, Suite		08 01 2007
	City	State	Zip Code	Transaction ID: 21602228
	Dallas	TX	75248-3471	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	A Bonofit Source	Occupation nsurance		
			Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	riggrogato	400.00	
				110.00
S	UBTOTAL of Receipts This Page (optional)		>	110.00
_	OTAL This Period (last page this line number only)	١		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 111 / 121								
	EMIZED RECEIPTS		or each category of the	(check only one)								
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12								
				13 14 15 16 17								
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.								
\setminus	NAME OF COMMITTEE (In Full)											
\rangle	National Association of Health Underwr	iters PAC (HUPAC)									
Α.	Full Name (Last, First, Middle Initial) WILLIAM BUDDY ANDERSON			Date of Receipt								
	Mailing Address 498 Palm Springs Drive	, Suite 270		08 01 7 2007								
	City	State	Zip Code	Transaction ID: 21602232								
	Altamonte Springs	FL	32701-7805	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer Benefit Port	Occupation	n g Representative									
	Receipt For:		Year-to-Date ▼									
	Primary General	1.99.19										
	Other (specify) ▼	0 0	240.00									
В.	Full Name (Last, First, Middle Initial) MICHAEL NORRIS			Date of Receipt								
	Mailing Address PO Box 999 295 E Palmer Street			08 01 YYYYY 2007								
	City	State	Zip Code	Transaction ID: 21602237								
	Franklin	NC	28744-0999	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		30.00								
	Name of Employer Wayah Insurance Agency	Occupation Account	n Executive									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		240.00									
<u> </u>	Full Name (Last, First, Middle Initial) CHARLES WAGNER			Date of Receipt								
	Mailing Address PO Box 9			0 8 0 1 2 0 0 7								
	City	State	Zip Code	Transaction ID: 21602253								
	Burwell	NE	68823-0009	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		50.00								
	Name of Employer Town and Country Insurance Agency Inc	Occupation President										
	Receipt For:	Aggregate	Year-to-Date ▼	1								
	Primary General Other (specify) ▼		800.00									
_												
				110.00								
S	UBTOTAL of Receipts This Page (optional)		······	110.00								

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 112 / 121
TEMIZED RECEIPTS	or each category of the	(check only one)
TEMIZED RESERVES	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat	ements may not be sold or used by any no	
or for commercial purposes, other than using the na	time and address of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Association of Health Underwrit	ers PAC (HUPAC)	
F. III. No coo (Local, Elect, Middle, Letter)		
Full Name (Last, First, Middle Initial) 1. JENNIFER TOUPS		Date of Receipt
Mailing Address PO Box 113113		M M / D D / Y Y Y Y
		08 01 2007
City	State Zip Code	Transaction ID: 21602256
<u>Metairie</u>	LA 70011-3113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Business Insuránce Group	Director of Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	240.00	'
Other (specify) ▼		
Full Name (Last, First, Middle Initial) 3. JESSICA WALTMAN		Date of Receipt
Mailing Address 10 Doyle Road		M M / D D / Y Y Y Y
-		08 01 2007
City	State Zip Code	Transaction ID: 21602260
Wayne	PA 19087-3903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
None of Freedom		
Name of Employer Self Employed	Occupation Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		·
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) JAMES F. SUMMERS		Date of Receipt
Mailing Address 8420 West Dodge Road,	Suite 510	M M / D D / Y Y Y Y
		08 01 2007
City	State Zip Code	Transaction ID: 21602262
Omaha	NE 68114-3432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer Senior Market Sales Inc.	Occupation	
Senior Market Sales Inc.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	975.00	'
☐ Other (specify) ♥		
-		185.00
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number on		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 121
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	solicit contributions from such committee.
$ \rangle$	National Association of Health Underwr	iters PAC (HUPAC)	
\angle	That of the control o		. 101 710)	
Λ	Full Name (Last, First, Middle Initial) SUSAN R. PITTMAN			Date of Receipt
Α.	Mailing Address 32418 51st Avenue, SW			M M / D D / Y Y Y Y
		-		08 01 2007
	City	State	Zip Code	Transaction ID: 21602291
	Federal Way	WA	98023-1936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Insure NW Inc.	Occupation		
	Receipt For:		e Year-to-Date ▼	7
	Primary General		400.00	
	Other (specify)			
— В.	Full Name (Last, First, Middle Initial) ROBERT VERNON			Date of Receipt
	Mailing Address PO Box 18251			0 8 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 21602310
	Roanoke	VA	24014-3004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer DRR Consulting Inc	Occupation		7
	Receipt For:	Presiden	t e Year-to-Date ▼	_
	Primary General	Aggregate	e feai-io-Dale ▼	1
	Other (specify) ▼		240.00	
_				
C.	Full Name (Last, First, Middle Initial) VICTORIA MAJOR-BELL			Date of Receipt
	Mailing Address P O Box 540034			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	08 01 2007
	City Lake Worth	State FL	Zip Code 33454-0034	Transaction ID: 21602325 Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1 1	
	federal political committee.	C		10.00
	Name of Employer VMB Solutions	Occupation		7
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggrogate		1
	Other (specify) ▼	0 0	305.00	
	UBTOTAL of Receipts This Page (optional)			90.00
\vdash				
т	OTAL This Period (last page this line number o	nly)		

9	CHEDIII E A (EEC Form 2V)			OR LINE NUMBER: PAGE 114 / 121								
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)								
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12								
			Detailed Summary Page	13 14 15 16 17								
۸r	y information copied from such Reports and St	atomonte may	rot be cold or used by any perc									
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)											
$ \rangle$	National Association of Health Underwi	riters PAC (HUPAC)									
		(,									
	Full Name (Last, First, Middle Initial)											
A.	DAVID PERRY			Date of Receipt								
	Mailing Address 1634 Ryan Street			0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	State	Zip Code									
	Lake Charles	LA	·	Transaction ID: 21602339								
		LA	70601-5949	Amount of Each Receipt this Period								
	FEC ID number of contributing	C		30.00								
	federal political committee.											
	Name of Employer	Occupation	า	7								
	The Perry Agency Inc.	President	t									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		440.00	1								
	Other (specify) ▼		440.00									
ь	Full Name (Last, First, Middle Initial)			Data of Bassint								
О.	R JENSEN			Date of Receipt								
	Mailing Address 6060 South Kenton Wa	.y		08 01 2007								
	City	State	Zip Code	Transaction ID: 21602360								
	Englewood	CO	80111	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		30.00								
				_								
	Name of Employer Self Employed	Occupation										
		Insurance										
	Receipt For:	Aggregate	e Year-to-Date ▼	_								
	Primary General Other (specify) ▼		240.00									
	Other (specify)	1 1		1								
_	Full Name (Last, First, Middle Initial)											
C.	Kenneth Sherlin			Date of Receipt								
	Mailing Address P. O. Box 1550			M M / D D / Y Y Y Y								
				08 01 2007								
	City	State	Zip Code	Transaction ID: 21602365								
	Asheville	NC	28801-1550	Amount of Each Receipt this Period								
	FEC ID number of contributing	С		30.00								
	federal political committee.			55.55								
	Name_of_Employer	Occupation	1	Ⅎ								
	Benefit Design Group	Marketing										
	Receipt For:		e Year-to-Date ▼	7								
	Primary General	1		7								
	Other (specify) ▼		240.00									
_												
s	UBTOTAL of Receipts This Page (optional)			90.00								
\vdash	,			-								

TOTAL This Period (last page this line number only)

JOHN G. PRUE

Shawnee Mission

Name of Employer Humana Inc.

Primary

Receipt For:

FEC ID number of contributing

General

federal political committee.

Other (specify)

City

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

State

KS

C

Aggregate Year-to-Date ▼

680.00

FOR LINE NUMBER: PAGE 115 / 121 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 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. National Association of Health Underwriters PAC (HUPAC) Date of Receipt Mailing Address 7311 West 132nd Street, Suite 200 01 8 0 2007 Zip Code Transaction ID: 21602369 66213 Amount of Each Receipt this Period 85.00 Occupation Insurance Agent

SUBTOTAL of Receipts This Page (optional)	•	85.00
TOTAL This Period (last page this line number only)	<u> </u>	18813.00

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	_		IUMBEF	₹:	Р	AGE	116 /	121
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check X 21 27		one) 22 28a	23 28b	24 28c	, —	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									s
\rangle	NAME OF COMMITTEE (In Full) National Association of Health Underwriters						<u> </u>			
۹.	Full Name (Last, First, Middle Initial) Bank of America					action ID: f Disburs	_	955		
	Mailing Address 7810 Old Branch Avenue				0 ^M 8	/ DC	1 /	Ý Ž	0 ŏ 7	, ^Y
	•	State Zip Code MD 20735			Amour	nt of Each	Disburs	-	-	-
	Purpose of Disbursement Credit card processing fees Candidate Name		001 Category						822.	76
		ment For:	Type		Crodit	card pro	ooosin	a fo		
	Senate President State: District:	Primary General Other (specify) ▼			es	card pro	ocessiii	y 16-		
3.	Full Name (Last, First, Middle Initial) Bank of America					action ID:		967		
	Mailing Address 7810 Old Branch Avenue				0 ^M 8		5 /	Y Ž	0 ŏ 7	, ^Y
	,	State Zip Code MD 20735			Amour	nt of Each	Disburs	emen	t this F	Period
	Purpose of Disbursement Bank service charge Candidate Name		001 Category						56.8	34
		ment For:	Type							
	Senate President State: District:	Primary General Other (specify)			Bank s	service o	charge			
Э.	Full Name (Last, First, Middle Initial) American Express				Date o	action ID: f Disburs	ement	969		
	Mailing Address PO Box 53852				0 ^M 8	/ D	7 /	Ý Ž	0 ŏ 7	, ^Y
		State Zip Code AZ 85072-3852			Amour	nt of Each	Disburs	emen		
	Purpose of Disbursement Credit card processing fees		001						4.	00
	Candidate Name	ment For:	Category, Type							
	Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)			Credit es	card pro	ocessin	g fe-		
s	UBTOTAL of Disbursements This Page (optional) .			<u> </u>					884.1	10
T	OTAL This Period (last page this line number only)			•						

Image# 27990666158

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule	۵/c\	NUMBER: PAGE 117 / 121
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	e (check on	ly one) 22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Sta for commercial purposes, other than using the r		, , ,	
\	NAME OF COMMITTEE (In Full)			
/	National Association of Health Underwi	iters PAC (HUPAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 21574971
۹.	American Express			Date of Disbursement
	Mailing Address PO Box 53852			08 7 21 7 2007
	City Phoenix	State Zip Code AZ 85072-38	352	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fees		001	105.28
	Candidate Name		Category/ Type	
	Office Sought: House Disb Senate President	ursement For: Primary Gener Other (specify) ▼	ral	Credit card processing fe- es
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	105.28
TOTAL This Period (last page this line number only)	•	989.38

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s))		OR LIN		_	H:			PA	AGE	118	121
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ë	21b 27	<u> </u>	22 28a	X	23 28b	Н	24 28c	Н	25 29	26 30
	y Information copied from such Reports and Staten													s
or	or commercial purposes, other than using the nam	e and address of any politica	ı com	ım	ittee to	SOIICI	contr	ibuti	ions tr	om	sucn (comn	nittee	
$ \rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwriter	re DAC (HLIDAC)												
\angle	National Association of Health Onderwhite	31 AO (1101 AO)												
Α.	Full Name (Last, First, Middle Initial)								on ID	_		86		
۸.	Tiberi For Congress						M	of Di	isburs	D	nt / \	/ Y	Υ	Υ
	Mailing Address 2021 East Dublin Granvi Suite 2000	lle Road					0 8		<u> </u>) 1	Ľ	2	o ŏ 7	7
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