

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

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street)

2000 14TH ST

Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22201

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

07

31

2008

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

Type or Print Name of Treasurer

Jennifer Murphy

Signature of Treasurer

Electronically Filed by Jennifer Murphy

Date

08

20

2008

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

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

To:

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2008 | | 51869.19 |
| (b) Cash on Hand at Beginning of Reporting Period | 35788.15 | |
| (c) Total Receipts (from Line 19) | 53615.04 | 203013.97 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 89403.19 | 254883.16 |
| 7. Total Disbursements (from Line 31) | 24109.78 | 189589.75 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 65293.41 | 65293.41 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

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

To:

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

| 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 | 34641.52 | 103989.54 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 18961.84 | 96945.45 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➤ | 53603.36 | 200934.99 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤ | 53603.36 | 200934.99 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 2000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 11.68 | 78.98 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 53615.04 | 203013.97 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 53615.04 | 203013.97 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 238.50 | 4641.47 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 238.50 | 4641.47 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 23000.00 | 179000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 485.00 | 2455.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 485.00 | 2455.00 |
| 29. Other Disbursements..... | 386.28 | 3493.28 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 24109.78 | 189589.75 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 24109.78 | 189589.75 |

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) | 53603.36 | 200934.99 |
| 34. Total Contribution Refunds (from Line 28(d)) | 485.00 | 2455.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 53118.36 | 198479.99 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 238.50 | 4641.47 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 238.50 | 4641.47 |

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

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

FOR LINE NUMBER: PAGE 6 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Suzetta E. Alberts

Mailing Address 201W. Fort Street, Mail Code 7969

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9187

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dulcinea M. Almazan

Mailing Address 10700 Amber Ridge Dr

City

Las Vegas

State

NV

Zip Code

89144-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lovitt & Touche, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9308

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sharon Alt

Mailing Address 6410 Southwest Blvd Ste 204

City

Fort Worth

State

TX

Zip Code

76109-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alt Benefit Consultants, Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 7721-P8982

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

William Chester Anderson

Mailing Address 205 Whippoorwill Dr

City

Altamonte Springs

State

FL

Zip Code

32701-7827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group

Occupation

Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9488

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary Kathryn Anderson-Haught

Mailing Address 512 Cambridge Rd

City

Tyler

State

TX

Zip Code

75703-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategies In Employee Be-
nefits, Inc.

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 7772-P9489

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Elizabeth Ashmore

Mailing Address 6102 82nd St # 6

City

Lubbock

State

TX

Zip Code

79424-3690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore & Associates Insu-
rance Agency

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

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

Transaction ID: 7772-P9366

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ginger T. Ashton-Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation

Director of Provider Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: 7772-P9434

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Misty J. Baker

Mailing Address 502 Brookside Pass

City

Cedar Park

State

TX

Zip Code

78613-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lonestar Benefit Solutions

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9005

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Waunakee

State

WI

Zip Code

53597-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Manufactures &
Commerce

Occupation

Manager, Employee Benefit Sale

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9622

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Darrald T Bean

Mailing Address 3922 Rampart St

City

Boise

State

ID

Zip Code

83704-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bean Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8940

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ann C. Bell

Mailing Address 2171 S Pebblecreek Ln

City

Boise

State

ID

Zip Code

83706-6123

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9331

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Bruce D. Benton

Mailing Address 20161 Delita Dr

City

Woodland Hills

State

CA

Zip Code

91364-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis SmithBenton Insur-
ance & Finan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 7600

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bruce D. Benton

Mailing Address 20161 Delita Dr

City

Woodland Hills

State

CA

Zip Code

91364-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis SmithBenton Insur-
ance & Finan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 7772-P9490

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David A Berman

Mailing Address 8805 Sawleaf Rd

City

Indianapolis

State

IN

Zip Code

46260-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neace Lukens Holding Comp-
any, Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 7772-P9623

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

C. Sue Bisbee

Mailing Address 4211 Parsifal St NE

City

Albuquerque

State

NM

Zip Code

87111-3374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinisource, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9640

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Robert J Bishop

Mailing Address 2785 E Desert Inn Rd Ste 260

City

Las Vegas

State

NV

Zip Code

89121-3693

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.38

Date of Receipt

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

Transaction ID: 7721-P9081

Amount of Each Receipt this Period

168.68

Payroll Deduction

(\$84.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Bradford H. Blain

Mailing Address 2205 Abbeywood Rd

City

Lexington

State

KY

Zip Code

40515-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Al Torstrick Insurance Ag-
ency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9134

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Russ Blakely

Mailing Address PO Box 11310

City

Chattanooga

State

TN

Zip Code

37401-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Blakely & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9217

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

228.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialties, In-
c.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9492

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michele B. Bloom

Mailing Address 2213A Walnut St

City

Harrisburg

State

PA

Zip Code

17103-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lillis, McKibben & CompanyOccupation
Plan Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

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

Transaction ID: 7772-P9624

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

C.

Full Name (Last, First, Middle Initial)

Tonya S Booth

Mailing Address 432 Halifax Dr

City

Coppell

State

TX

Zip Code

75019-6264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Upshaw InsuranceOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7588

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

425.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James C. Bosier

Mailing Address 6410 N Butler Rd

City

Cedar Falls

State

IA

Zip Code

50613-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Net Worth Advisors

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P8970

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eleanor M. Brockhurst

Mailing Address 5812 N 12th St Unit 4

City

Phoenix

State

AZ

Zip Code

85014-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brockhurst & Associates,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8997

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Andrea Brody

Mailing Address 6018 E Lowden Rd

City

Cave Creek

State

AZ

Zip Code

85331-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Healthcare Dental

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9499

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Walter S Brown

Mailing Address 56 Madison St

City

Gillette

State

NJ

Zip Code

07933-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 7721-P9059

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas A. Bryon

Mailing Address 10504 Meadow Ln

City

Leawood

State

KS

Zip Code

66206-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Designs, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9184

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City

Anchorage

State

AK

Zip Code

99503-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9395

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ric Byuer

Mailing Address 2740 Ski Ln

City

Madison

State

WI

Zip Code

53713-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eflexgroup.com

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 7572

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael E. Carmean

Mailing Address 3075 Lee Road 248

City

Smiths

State

AL

Zip Code

36877-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Marketing

Occupation
Vice President, Group Sales & Marketi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 7772-P9495

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Donna Carnall

Mailing Address 413 Interamerica Blvd Ste 1

City

Laredo

State

TX

Zip Code

78045-8285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9293

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lorelei G. Castellani

Mailing Address PO Box 2100

City

Branchville

State

NJ

Zip Code

07826-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Guidance Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9143

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Pete M. Chesney

Mailing Address 938 N Callahan Ave

City

Boise

State

ID

Zip Code

83704-0627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Security Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7684

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Russell B. Childers

Mailing Address 402 Rawley Rd

City

Americus

State

GA

Zip Code

31719-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers, CLU

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: 7772-P9613

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan S. Clark

Mailing Address 545 E 4500 S Ste E250

City

Salt Lake City

State

UT

Zip Code

84107-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Benefit Planners
Insurance Se

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9255

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David S. Cluley

Mailing Address 2220 Glen Echo Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthPlus

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9000

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard P. Coburn

Mailing Address 19 Minor Ct

City

San Rafael

State

CA

Zip Code

94903-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Word & Brown

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8987

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel E. Colacino

Mailing Address 34 Carolanne Dr

City

Delmar

State

NY

Zip Code

12054-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose and Kiernan, Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9233

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Martha T. Collins

Mailing Address 1430 Lemonwood Dr W

City

Upland

State

CA

Zip Code

91786-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin & Associates

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9121

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

George Scott Condos

Mailing Address 8860 S Tenaya Way

City

Las Vegas

State

NV

Zip Code

89113-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Insurance Agency

Occupation

Charter Senior Financial Plann

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9497

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Susan T. Cook

Mailing Address 280 Barrington Grange Dr

City

Sharpsburg

State

GA

Zip Code

30277-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: 7721-P9055

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Troy J. Cook

Mailing Address 6600 Westown Pkwy # 250

City

West Des Moines

State

IA

Zip Code

50266-7724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krist Insurance Services

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9326

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carrie Cox

Mailing Address 3621 Eastman Dr

City

Oklahoma City

State

OK

Zip Code

73112-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oden Roberts Rohrman Insurance

Occupation
Group Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9641

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Johnny Lee Dawkins

Mailing Address PO Box 53809

City

Fayetteville

State

NC

Zip Code

28305-3809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 7721-P9240

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Teresa F DeBruin

Mailing Address 5441 Edgerton Dr

City

Norcross

State

GA

Zip Code

30092-2185

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8942

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David Deitch

Mailing Address 2785 E Desert Inn Rd Ste 260

City

Las Vegas

State

NV

Zip Code

89121-3693

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9167

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Stephanie Denz

Mailing Address 1808 Hickory Trace Dr

City

Orange Park

State

FL

Zip Code

32003-8387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc.

Occupation

Senior Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 7721-P9237

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lisa S. DeRycke

Mailing Address 4154 E 38th St

City

Tulsa

State

OK

Zip Code

74135-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Designs of Oklaho-
ma, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9116

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rush David Dixon

Mailing Address 1375 Piccard Dr

City

Rockville

State

MD

Zip Code

20850-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and Schilli-
ng

Occupation

VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

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

Transaction ID: 7721-P9082

Amount of Each Receipt this Period

240.00

Payroll Deduction

(\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Steve H. Dodder

Mailing Address PO Box 2069

City

Monument

State

CO

Zip Code

80132-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Health

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 7772-P9388

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Claudia S. Dodge

Mailing Address 606 Wexwood Ct

City

Richmond

State

VA

Zip Code

23236-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation

Sales Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9155

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Cynthia H. Doucet

Mailing Address 206 Bon Mange Cir

City

Lafayette

State

LA

Zip Code

70506-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resource-
s, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9475

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph F. Dowd

Mailing Address 106 S Princeton Ave

City

Wenonah

State

NJ

Zip Code

08090-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kistler-Tiffany Benefits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9248

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Cynthia Downing

Mailing Address 1214 W Tenaya Way

City

Fresno

State

CA

Zip Code

93711-2047

FEC ID number of contributing
federal political committee.

C

Name of Employer
California AHU

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 7597

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Betty R. Doyle

Mailing Address 3304 Cedar Valley Rd

City

Moore

State

OK

Zip Code

73170-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doyle Insurance Source

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9594

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1060.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Dana Drake

Mailing Address 706 N 19th St

City

Coeur D Alene

State

ID

Zip Code

83814-5549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schedler Mack Insurance,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9595

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Keith M. Duhon

Mailing Address 208 Essex St

City

Lafayette

State

LA

Zip Code

70506-6133

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Family Insurance Cent-
er, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9606

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Meredith Beam Dye

Mailing Address 6529 Deane Hill Dr Apt 46

City

Knoxville

State

TN

Zip Code

37919-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abacus Benefits Managemen-
t, LLC

Occupation
Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9165

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Eugene Denny Ebersole

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City

Harahan

State

LA

Zip Code

70123-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates, In-
c.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

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

Transaction ID: 7721-P9113

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael A. Embry

Mailing Address 26240 Wacker Dr

City

New Baltimore

State

MI

Zip Code

48051-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Servic-
es, Inc.

Occupation

VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 7721-P8978

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City

Aurora

State

OH

Zip Code

44202-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.M. Erlenbach, Inc.

Occupation

Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 7772-P9609

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Nicole Fairbairn

Mailing Address 2113 Dakota Dr

City

Noblesville

State

IN

Zip Code

46062-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Insurance Concep-
ts, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9313

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David L. Fear

Mailing Address 8340 Conover Dr

City

Citrus Heights

State

CA

Zip Code

95610-0812

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIMS Strategic Distributi-
on Division

Occupation
Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9480

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Catherine Ficara

Mailing Address 26999 Central Park Blvd

City

Southfield

State

MI

Zip Code

48076-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Financial Group,
LLC

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9645

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 27 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Dennis G. Fletcher

Mailing Address 2510 N Pines Rd Ste 205

City

Spokane

State

WA

Zip Code

99206-7636

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Fletcher Financial Gr-
oupOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9218

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City

Albuquerque

State

NM

Zip Code

87120-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBAOccupation
Mgr., Sales/Retention Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: 7590

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Brenda N. Franklin

Mailing Address 7915 N Hale Ave Ste D

City

Peoria

State

IL

Zip Code

61615-2088

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF HealthPlansOccupation
Group Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9393

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Robert M Frazer

Mailing Address 1751 Wyngate Cir

City

Mount Pleasant

State

SC

Zip Code

29466-8016

FEC ID number of contributing
federal political committee.

C

Name of Employer
SeniorCareUSA, LLCOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9141

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Linda K. Friedrich

Mailing Address 3011 Crown Pointe Rd

City

Lincoln

State

NE

Zip Code

68506-5168

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 7772-P9604

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City

Wichita Falls

State

TX

Zip Code

76301-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial PartnersOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9332

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James S. Garbina

Mailing Address 16510 Summit Dr

City

Omaha

State

NE

Zip Code

68136-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry A. Koch Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9633

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Bruce L. Gardner

Mailing Address 504 Bulian Ln

City

Austin

State

TX

Zip Code

78746-5423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bruce Gardner Insurance
& Investments

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: 7772-P9634

Amount of Each Receipt this Period

160.00

Payroll Deduction

(\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joy K. Gardner

Mailing Address 10605 Sterling Ridge Way

City

Reno

State

NV

Zip Code

89521-5199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comstock Insurance Agenci-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9635

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Donald W. Garlitz

Mailing Address 1082 S Slate Canyon Dr

City

Provo

State

UT

Zip Code

84606-6455

FEC ID number of contributing
federal political committee.

C

Name of Employer
FirstWest Benefit Solutions

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9482

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

G. Russell Garner

Mailing Address 1308 Murraywood Dr

City

Columbia

State

SC

Zip Code

29212-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9083

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles T. Gartlan

Mailing Address 1463 Whitty Rd

City

Toms River

State

NJ

Zip Code

08753-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Mid-Atlantic, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

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

Transaction ID: 7570

Amount of Each Receipt this Period

425.00

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles T. Gartlan

Mailing Address 1463 Whitty Rd

City

Toms River

State

NJ

Zip Code

08753-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Mid-Atlantic,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

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

Transaction ID: 7721-P9215

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John Philip Garven

Mailing Address 11865 Blue Bayou Dr

City

Huntley

State

IL

Zip Code

60142-6764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benico, LTD

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9266

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City

Phoenix

State

AZ

Zip Code

85021-7257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Insurance Brokers,
Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: 7581

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City

Phoenix

State

AZ

Zip Code

85021-7257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Insurance Brokers,
Inc.Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

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

Transaction ID: 7721-P9117

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Charles J. Giardina

Mailing Address 41 Seven Oaks Rd

City

Marrero

State

LA

Zip Code

70072-5059

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetLifeOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9599

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City

Ridgefield Park

State

NJ

Zip Code

07660-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Employee Benefits Adv-
isors GroupOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 7721-P9139

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Carolyn L. Goodwin

Mailing Address 4959 Mill Run Rd

City

Dallas

State

TX

Zip Code

75244-6530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Benefits Group,
LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: 7721-P9017

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City

Lincoln

State

NE

Zip Code

68506-7519

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Harry A. Koch Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 7772-P9612

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jerri J. Gregory

Mailing Address 925 Euclid Ave

City

Des Moines

State

IA

Zip Code

50313-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFLAC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9483

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Patricia A Griffey

Mailing Address 56294 Primrose Cir

City

Elkhart

State

IN

Zip Code

46516-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Page 1 Benefits, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 7721-P9158

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stephen A. Grim

Mailing Address 2720 Mandolin Place

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Agency, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: 7721-P9223

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$95.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert A Grundman

Mailing Address 7412 Karl Dr

City

Lincoln

State

NE

Zip Code

68516-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 7772-P9580

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Vincent Guerra

Mailing Address 514 Pettigru St

City

Greenville

State

SC

Zip Code

29601-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cason Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9023

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Cristy Russell Gupton

Mailing Address 2138 Goodman Lake Rd

City

Morganton

State

NC

Zip Code

28655-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Supplemental Ins-
urance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

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

Transaction ID: 7721-P9239

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Antonio Gutierrez

Mailing Address 12833 Riverdance Dr.

City

Raleigh

State

NC

Zip Code

27613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Benefit Solu-
tions, Inc.

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9079

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Teresa Gutierrez

Mailing Address 12833 River Dance Drive

City

Raleigh

State

NC

Zip Code

27613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Benefit Solu-
tions, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9201

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Matt Haas

Mailing Address 4747 N 1st St Ste 140

City

Fresno

State

CA

Zip Code

93726-0517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Exchange

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7598

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Anthony W. Halby

Mailing Address 202 Providence Mine Rd Ste 107

City

Nevada City

State

CA

Zip Code

95959-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halby Insurance Agency

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9188

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Walter T. Hale

Mailing Address 211 E Church St

City

Morrilton

State

AR

Zip Code

72110-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawkins Insurance Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9098

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City

Fayetteville

State

NC

Zip Code

28303-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2870.00

Date of Receipt

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

Transaction ID: 7721-P9137

Amount of Each Receipt this Period

820.00

Payroll Deduction

(\$410.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Gerald G Hartman

Mailing Address 3822 Gemini Cir

City

Boise

State

ID

Zip Code

83709-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network America
Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 7721-P8984

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

William J. Hartman

Mailing Address 215 Airport North Office Park

City

Fort Wayne

State

IN

Zip Code

46825-6702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartman Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7578

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Roberta L. Hathaway

Mailing Address 4720 Grenada Ct

City

Rocklin

State

CA

Zip Code

95765-5208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Sales Executive, Sacramento

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7574

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Richard S. Hawkins

Mailing Address PO Box 4247

City

Riverside

State

CA

Zip Code

92514-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard Hawkins Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7575

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lori Headley

Mailing Address PO Box 14725

City

Portland

State

OR

Zip Code

97293-0725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthwise Insurance Plan-
ning

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9067

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City

Broken Arrow

State

OK

Zip Code

74012-5995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 7772-P9398

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joseph E. Henehan

Mailing Address 685 Carnegie Dr Ste 205

City

San Bernardino

State

CA

Zip Code

92408-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Henehan Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 7717-P8822

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jon Hicks

Mailing Address 3620 Mountainside Dr

City

Colorado Springs

State

CO

Zip Code

80918-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks Benefit Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9152

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Porter W. Hicks

Mailing Address 352 Ridgetop Rd.

City

Fleetwood

State

NC

Zip Code

28626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks, Kohler & Associates

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9151

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard L Hill

Mailing Address 4435 O St

City

Lincoln

State

NE

Zip Code

68510-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 7772-P9362

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City

Brookfield

State

WI

Zip Code

53045-4558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Insurance Ser-
vices, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9180

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert V. Holland

Mailing Address PO Box 698

City

Centralia

State

WA

Zip Code

98531-0698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centralia General Agencies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9370

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Gloria D. Hopper

Mailing Address 613 Sunnybrook Dr

City

Monroe

State

NC

Zip Code

28110-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Servic-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 7772-P9583

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kymberly J. Hopwood

Mailing Address 1955 Las Colinas Dr

City

Brentwood

State

CA

Zip Code

94513-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dealey, Renton & Associat-
es

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9296

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Greg Horstman

Mailing Address N7940 County Rd E

City

Watertown

State

WI

Zip Code

53094-9535

FEC ID number of contributing
federal political committee.

C

Name of Employer
WisconsinRx

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8944

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City

Detroit

State

MI

Zip Code

48202-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Alliance Plan

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9212

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

A. Watts Huckabee

Mailing Address 611 Forest Ln

City

Rock Hill

State

SC

Zip Code

29730-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina's Insurance Group

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9202

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lisa L. Ills

Mailing Address 2401 E Mercer Ln

City

Phoenix

State

AZ

Zip Code

85028-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glass Financial Group

Occupation
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 7721-P9118

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Leah Anne Janway

Mailing Address 2225 SW 96th St

City

Oklahoma City

State

OK

Zip Code

73159-6861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berryhill Insurance Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9601

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City

Marion

State

MA

Zip Code

02738-1294

FEC ID number of contributing
federal political committee.

C

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

Occupation

Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8998

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

R. Allan Jensen

Mailing Address 6060 S Kenton Way

City

Englewood

State

CO

Zip Code

80111-5728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9498

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
David S. Johnson Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 7721-P9035

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Judy Anne Johnson

Mailing Address 5581 N Barrasca Ave

City

Tucson

State

AZ

Zip Code

85750-6495

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Arizona

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

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

Transaction ID: 7721-P9132

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert D. Johnson

Mailing Address 2684 Heywood Ln

City

Hayes

State

VA

Zip Code

23072-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Insurance Conce-
pts, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: 7721-P9261

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Suzanne K. Johnson

Mailing Address 6235 Morrison Blvd Ste 302

City

Charlotte

State

NC

Zip Code

28211-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Employee Benefit
Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 7772-P9396

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kenneth Jones

Mailing Address 13500 Shaker Blvd Apt 502

City

Cleveland

State

OH

Zip Code

44120-1572

FEC ID number of contributing
federal political committee.

C

Name of Employer
GBA Solutions

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9138

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Keith Jordano

Mailing Address 12751 Orange Blvd

City

West Palm Beach

State

FL

Zip Code

33412-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordano Insurance Group,
Inc.

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9045

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Lawrence Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Insurance Servi-
ces, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 7772-P9597

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Thelma Darlene Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 7772-P9598

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

George R Keeling

Mailing Address 1875 N Highway 385

City

Levelland

State

TX

Zip Code

79336-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer
George R. Keeling Insuran-
ce Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 7772-P9590

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joseph A. Kelliher

Mailing Address 24 Sawyer Dr

City

Salem

State

VA

Zip Code

24153-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9458

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Carolyn J. King

Mailing Address 6 Country Ln

City

Sussex

State

NJ

Zip Code

07461-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Financial

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9191

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City

Yakima

State

WA

Zip Code

98908-2382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conover Insurance, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9124

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Barbara Jean Knox

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intrahealthsolutions, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9571

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kay Knutson

Mailing Address 11209 Academy Ridge Rd NE

City

Albuquerque

State

NM

Zip Code

87111-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Health Plan

Occupation

VP Medicare Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9057

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eric Kohlsdorf

Mailing Address 3703 SW 28th Pl

City

Des Moines

State

IA

Zip Code

50321-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSP Group

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

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

Transaction ID: 7577

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Ross W. Kraft

Mailing Address 21 Jordan Rd

City

New Hartford

State

NY

Zip Code

13413-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Group of New York, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

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

Transaction ID: 7721-P9086

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

SUBTOTAL of Receipts This Page (optional)

565.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mary B. Kramer

Mailing Address 2120 Nelsons Creek Dr

City

Omaha

State

NE

Zip Code

68116-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associa-
tes, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 7772-P9461

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James A. Lawless

Mailing Address 435 Kingswood

City

Lexington

State

KY

Zip Code

40502-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawless Insurance Agency

Occupation

Owner/Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8972

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Scott A. Leavitt

Mailing Address 12988 W Paint Dr

City

Boise

State

ID

Zip Code

83713-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Leavitt Insurance
& Financial S

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

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

Transaction ID: 7772-P9561

Amount of Each Receipt this Period

145.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Margaret LeClair

Mailing Address 6701 Upper Afton Rd

City

Saint Paul

State

MN

Zip Code

55125-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer
LeClair Corporation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 7790

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Brian W. Liechty

Mailing Address 120 E Washington St

City

Plymouth

State

IN

Zip Code

46563-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
KL Benefits

Occupation
Benefits Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

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

Transaction ID: 7717-P8597

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles N. Lineberger

Mailing Address 2927 Berwick Ln

City

Gastonia

State

NC

Zip Code

28054-6055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Partners, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9462

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Chris Lokken

Mailing Address 2851 W Princeton Ave

City

Eau Claire

State

WI

Zip Code

54703-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Insurance Services

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9090

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stephen Michael Louro

Mailing Address 225 Wireless Blvd Fl 2

City

Hauppauge

State

NY

Zip Code

11788-3914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Group Plans

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 7557

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Douglas Lubenow

Mailing Address 3 Fulton Dr

City

Mount Laurel

State

NJ

Zip Code

08054-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lubenow Agency

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9399

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1060.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Susan Tullis Luvisi

Mailing Address 2185 Avian Pl

City

Jacksonville

State

FL

Zip Code

32224-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
James F. Tullis & Associates, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9183

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City

New York

State

NY

Zip Code

10017-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medical Link, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

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

Transaction ID: 7721-P9197

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas G. Magnus

Mailing Address PO Box 999

City

El Granada

State

CA

Zip Code

94018-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of California

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9299

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Victoria A. Major-Bell

Mailing Address 3602 Harwich Ct

City

Lake Worth

State

FL

Zip Code

33467-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
VMB Solutions

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 7592

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Victoria A. Major-Bell

Mailing Address 3602 Harwich Ct

City

Lake Worth

State

FL

Zip Code

33467-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
VMB Solutions

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 7772-P9566

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard S. Manin

Mailing Address 33 Manchester St

City

Galloway

State

NJ

Zip Code

08205-3678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard S. Manin Insurance

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9177

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kimberly C. Martin

Mailing Address 6 Rasada Dr

City

Weaverville

State

NC

Zip Code

28787-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenconceptsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 7772-P9463

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Phyllis Martinsen

Mailing Address 8331 W Cory Ct

City

Boise

State

ID

Zip Code

83704-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Byron Hyatt Erstad & CoOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: 7721-P9234

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Matthew L. Masone

Mailing Address 367 Sheffield Rd

City

Severna Park

State

MD

Zip Code

21146-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Financial GroupOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: 7721-P9105

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Donald L. Mathern

Mailing Address 7650 Cherrywood Dr

City

Boise

State

ID

Zip Code

83704-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialists

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8968

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City

Greensboro

State

NC

Zip Code

27410-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P8959

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Tom W Mayer

Mailing Address 2720 Aldrich Ave S

City

Minneapolis

State

MN

Zip Code

55408-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Direct Benefits, Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9104

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Chris McConathy

Mailing Address 37 Azusa Ave

City

Ventura

State

CA

Zip Code

93004-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer
wellpoint

Occupation

Director, Dental Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9205

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John R. McConaughy

Mailing Address 6312 Anthony Dr

City

Liberty Twp

State

OH

Zip Code

45011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency,
Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9102

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City

South Jordan

State

UT

Zip Code

84095-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & Assoc-
iates

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 7721-P8991

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City

Lincoln

State

NE

Zip Code

68507-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Les McGerr & Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9153

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susan McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenEx Insurance Agency

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7699

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City

Spokane

State

WA

Zip Code

99202-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones & Mitchell Insurance

Occupation
Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 7721-P9004

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David W. Meister

Mailing Address 5203 N. Alhu Ct

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Managed Benefits Agency,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9189

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Monte A. Merken

Mailing Address 24577 Indian Hill Ln

City

West Hills

State

CA

Zip Code

91307-3829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersen International Un-
derwriters

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9466

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City

Katy

State

TX

Zip Code

77450-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer
TradeMark Insurance Agency
LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 7721-P9087

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bradley V. Miles

Mailing Address 11417 E 44th Ave

City

Spokane Valley

State

WA

Zip Code

99206-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brad Miles Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: 7721-P9077

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey R. Miles

Mailing Address 736 Amoroso Pl

City

Venice

State

CA

Zip Code

90291-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Miles Organization,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9014

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephanie Monette

Mailing Address 1510 Meadow Wood Ln

City

Reno

State

NV

Zip Code

89502-8503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Plans

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9394

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 61 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David R. Moore

Mailing Address 605 Truitt Dr

City

Elon

State

NC

Zip Code

27244-9262

FEC ID number of contributing
federal political committee.

C

Name of Employer
David R. Moore, CLU & Ass-
ociatesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9568

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Wesley P. Moore

Mailing Address PO Box 604

City

Darlington

State

SC

Zip Code

29540-0604

FEC ID number of contributing
federal political committee.

C

Name of Employer
W P Moore AgencyOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

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

Transaction ID: 7772-P9391

Amount of Each Receipt this Period

220.00

Payroll Deduction

(\$110.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carolynne E. Muldoon

Mailing Address 5553 Baca Cir

City

Boulder

State

CO

Zip Code

80301-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Employee Benefit
Group, LLCOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9176

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City

Upland

State

CA

Zip Code

91786-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray M. Musser & Associates,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9097

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michele H. Myers

Mailing Address 85 N Danny Thomas Blvd

City

Memphis

State

TN

Zip Code

38103-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross BlueShield of
Tennessee

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9037

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joshua D. Nace

Mailing Address 936 N 34th St Ste 208

City

Seattle

State

WA

Zip Code

98103-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dental Health Services,
Inc.

Occupation

Vice President Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9427

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joel Neil Newman

Mailing Address 3305 115th Ave NE Apt 301

City

Bellevue

State

WA

Zip Code

98004-7745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Supplemental Ins.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8953

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Trisha Norket

Mailing Address 1401 Riverside Dr

City

Charlotte

State

NC

Zip Code

28214-9651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Serv-
ices

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8939

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael A. Norris

Mailing Address PO Box 2052

City

Franklin

State

NC

Zip Code

28744-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayah Insurance Agency

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9472

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Frank R. Novy

Mailing Address 21238 Woodview Cir

City

Strongsville

State

OH

Zip Code

44149-9261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualified Administrative
Services, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9084

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tiffany Otis-Albert

Mailing Address 18920 Stonewater Blvd

City

Northville

State

MI

Zip Code

48168-8560

FEC ID number of contributing
federal political committee.

C

Name of Employer
PPOM

Occupation
Vice President Corporate Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8952

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City

Niantic

State

CT

Zip Code

06357-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Agency

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

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

Transaction ID: 7772-P9553

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City

West Des Moines

State

IA

Zip Code

50265-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Gr-
oup, Inc.

Occupation

CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

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

Transaction ID: 7721-P9211

Amount of Each Receipt this Period

700.00

Payroll Deduction

(\$350.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Alyce Pendell

Mailing Address 3030 SE 12th St Unit 1077

City

Renton

State

WA

Zip Code

98058-3887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sprague Israel Giles, Inc.

Occupation

Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9272

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ross W. Pendergraft

Mailing Address 16622 Calahan St

City

North Hills

State

CA

Zip Code

91343-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arroyo Insurance Services,
Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9159

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Clifford E. Perras

Mailing Address 1621 Cedar St

City

South Bend

State

IN

Zip Code

46617-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perras & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9359

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David R. Perry

Mailing Address 2003 Charvais Dr

City

Lake Charles

State

LA

Zip Code

70601-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Perry Agency, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 7772-P9554

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jackie Audrey Peterson

Mailing Address 816 Calle Myriam

City

Sparks

State

NV

Zip Code

89436-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9563

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joe Phifer

Mailing Address 2323 N. Houston St.

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing
federal political committee.

C

Name of Employer
SafeGuard Dental & Vision

Occupation

Sr. Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9447

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Randall K. Pifer

Mailing Address 940 Colorado Ave

City

Grand Junction

State

CO

Zip Code

81501-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefits Consult-
ing

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7585

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Joseph E. Pittman

Mailing Address 7430 Vinton St

City

Omaha

State

NE

Zip Code

68124-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Association Mana-
gement

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 7721-P9147

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Susan R. Pittman

Mailing Address 32418 51st Ave SW

City

Federal Way

State

WA

Zip Code

98023-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insure NW Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 7772-P9381

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Angela Potts Bopp

Mailing Address 1205 Highway 2 Ste 202

City

Sandpoint

State

ID

Zip Code

83864-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harris/Dean Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9418

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Terri B. Pritchard

Mailing Address 1399 Ashleybrook Ln Ste 110

City

Winston Salem

State

NC

Zip Code

27103-2961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Third Party Marketers Of
America, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9190

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John G. Prue

Mailing Address 12713 S Edinburgh St

City

Olathe

State

KS

Zip Code

66062-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9449

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Colleen Mary Pruitt

Mailing Address 5805 75th St

City

Lubbock

State

TX

Zip Code

79424-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
TACT Insurance Agency

Occupation
Agency Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9450

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Connie Puett

Mailing Address 5160 N Eyrie Way

City

Boise

State

ID

Zip Code

83703-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Health

Occupation
Marketing & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: 7721-P9172

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

231.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Rebecca L. Purdy

Mailing Address 8121 Desert Jewel Cir

City

Las Vegas

State

NV

Zip Code

89128-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Onyx Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9451

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey A. Ranf

Mailing Address 2600 Denali St Ste 102

City

Anchorage

State

AK

Zip Code

99503-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wallace Group Services

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 7721-P8994

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9048

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 71 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jon C Rauser

Mailing Address 949 Lamplighter Ln

City

Grafton

State

WI

Zip Code

53024-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rauser Agency, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

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

Transaction ID: 7721-P9033

Amount of Each Receipt this Period

340.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dennis J. Recker

Mailing Address 971 N Perry St

City

Ottawa

State

OH

Zip Code

45875-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fawcett, Lammon, Recker
& AssociatesOccupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9379

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jordan R Redman

Mailing Address 7775 N Joanna Dr

City

Coeur D Alene

State

ID

Zip Code

83815-9851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redman InsuranceOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9179

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joni Robin Reents

Mailing Address 12433 Bellaire Dr

City

Thornton

State

CO

Zip Code

80241-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romer, Reents & Associates,
Inc.

Occupation
Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9076

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lois Kohler Rhoades

Mailing Address 352 Ridgetop Rd

City

Fleetwood

State

NC

Zip Code

28626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks, Kohler & Associates

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9333

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchasing Alliance Solutions, Inc.

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: 7721-P9182

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Glen E Riensche

Mailing Address 4316 S 48th St

City

Lincoln

State

NE

Zip Code

68516-1287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Servic-
es

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9373

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City

El Paso

State

TX

Zip Code

79912-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodman Financial Group

Occupation
VP - Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9452

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael A. Rivera

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insuran-
ce

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9049

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City

Lincoln

State

NE

Zip Code

68506-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

Transaction ID: 7772-P9545

Amount of Each Receipt this Period

240.00

Payroll Deduction

(\$120.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9559

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Clayton W Rooy

Mailing Address 7914 Kenton Ave

City

Parma

State

OH

Zip Code

44129-4320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Strategy, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9162

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

440.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles P. Rosen

Mailing Address 849 Somera Ct

City

Simi Valley

State

CA

Zip Code

93065-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acme Insurance & Financial
Services,

Occupation

President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P8960

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Julia Dahdah Ross

Mailing Address 2286 Sherbrooke Dr NE

City

Atlanta

State

GA

Zip Code

30345-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
R. J. Benefit Specialists,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7587

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Eugene L. Rowe

Mailing Address 10430 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90024-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer
R & R Insurance and Retirement Service

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9557

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City

Budd Lake

State

NJ

Zip Code

07828-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
es

Occupation

Director of Broker Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9008

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stephen J. Salamon

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants, LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

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

Transaction ID: 7772-P9376

Amount of Each Receipt this Period

190.00

Payroll Deduction

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City

Marietta

State

GA

Zip Code

30064-2474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schiebel & Associates, LLC
dba Shopbe

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 7721-P9269

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mark A. Schlange

Mailing Address 2604 Blackhawk Dr

City

Bellevue

State

NE

Zip Code

68123-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
NP Dodge Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 7772-P9519

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City

Winston Salem

State

NC

Zip Code

27103-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rainmakers Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 7721-P9064

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City

Eureka

State

MO

Zip Code

63025-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mengel, Surdyke, Murphy
and Finke

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 7591

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James J. Scholl

Mailing Address 8669 Ainsdale Ct

City

Lone Tree

State

CO

Zip Code

80124-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scholl & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9192

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dan Schwartzer

Mailing Address 4600 American Pkwy Ste 208

City

Madison

State

WI

Zip Code

53718-8334

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAHU

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9290

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Gregory J. Seifert

Mailing Address 3311 NE 115th St

City

Vancouver

State

WA

Zip Code

98686-3945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biggs Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9262

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bruce J. Setlik

Mailing Address 17808 Harney St

City

Omaha

State

NE

Zip Code

68118-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9530

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Douglas W Sheffer

Mailing Address 110 International Way

City

Springfield

State

OR

Zip Code

97477-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
PacificSource Health Plans

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9216

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kenneth A. Sherlin

Mailing Address 8 1st St

City

Asheville

State

NC

Zip Code

28803-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Group

Occupation
Marketing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9548

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David M. Sherrill

Mailing Address 2844 Regal Ln

City

Oviedo

State

FL

Zip Code

32765-7573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sherrill Insurance Broker-
age, Inc.

Occupation

Vice President/Life & LTC Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9036

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas E. Shores

Mailing Address 8596 W Bolsa St

City

Boise

State

ID

Zip Code

83709-5196

FEC ID number of contributing
federal political committee.

C

Name of Employer
T.A. Shores Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: 7721-P9072

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Bob G Shupe

Mailing Address 5904 Hitching Post Ln

City

Nashville

State

TN

Zip Code

37211-6934

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP, Inc

Occupation

President, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 7721-P8990

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

141.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Steven J. Sinkler

Mailing Address 10185 NW 102nd St

City

Clive

State

IA

Zip Code

50325-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care of
Iowa

Occupation

Director of Individual Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9533

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Desmond X. Slattery

Mailing Address 1800 State Route 34

City

Wall

State

NJ

Zip Code

07719-9168

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9106

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Deirdre Slattery Fallon

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762-0256

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9214

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kevin M. Smith

Mailing Address 605 Corporate Dr W

City

Langhorne

State

PA

Zip Code

19047-8013

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFLAC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9253

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Myron D. Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City

Los Angeles

State

CA

Zip Code

90046-3284

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS/Smith-Benton

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

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

Transaction ID: 7721-P8986

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Paul E. Smith

Mailing Address 169 Hawthorne Dr

City

Kensington

State

CT

Zip Code

06037-4074

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

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

Transaction ID: 7721-P9224

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Teresa A. Smith

Mailing Address 2828 Lily St

City

Anchorage

State

AK

Zip Code

99508-4771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premiera BlueCross BlueShi-
eld of Alaska

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9436

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James Randall Southard

Mailing Address 7848 Nc Highway 68 N

City

Stokesdale

State

NC

Zip Code

27357-9326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Benefits Ass-
ociates, LLC

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: 7721-P8948

Amount of Each Receipt this Period

130.00

Payroll Deduction

(\$65.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jackie L. Spragins

Mailing Address 2009 Speedway Ave

City

Wichita Falls

State

TX

Zip Code

76301-6067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allred-Thompson-Mason-Dau-
gherty Insur

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9535

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Norman D. Springer

Mailing Address 1626 203rd St E

City

Westfield

State

IN

Zip Code

46074-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 7721-P9292

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Delvin L. Stahl

Mailing Address PO Box 388

City

Sutton

State

NE

Zip Code

68979-0388

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Plus, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 7772-P9438

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Peter J Stein

Mailing Address 1164 Silver Beech Rd

City

Herndon

State

VA

Zip Code

20170-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
VP Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P8966

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial Services

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4020.00

Date of Receipt

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

Transaction ID: 7599

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial Services

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4275.00

Date of Receipt

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

Transaction ID: 7794

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial Services

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4445.00

Date of Receipt

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

Transaction ID: 7718-P8927

Amount of Each Receipt this Period

340.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

3595.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9522

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James R. Stephens

Mailing Address 1607 Lower Union Hill Rd

City

Canton

State

GA

Zip Code

30115-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, In-
c.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9355

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rodney Stuart

Mailing Address 9755 Randall Dr

City

Indianapolis

State

IN

Zip Code

46280-2944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations LLP

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

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

Transaction ID: 7772-P9513

Amount of Each Receipt this Period

270.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James L. Sugden

Mailing Address 628 Wild Ridge Cir

City

Lafayette

State

CO

Zip Code

80026-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Solution-
s, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9524

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James F. Summers

Mailing Address 15316 Pine St

City

Omaha

State

NE

Zip Code

68144-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: 7772-P9525

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Harry P. Thal

Mailing Address PO Box 2137

City

Kernville

State

CA

Zip Code

93238-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry P. Thal Insurance
Agency

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

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

Transaction ID: 7571

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

645.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Nancy S. Thompson

Mailing Address 2609 NW Cascade St

City

Camas

State

WA

Zip Code

98607-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biggs Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7579

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City

South Jordan

State

UT

Zip Code

84095-4538

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: 7586

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City

South Jordan

State

UT

Zip Code

84095-4538

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: 7772-P9368

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Robert J Tierney

Mailing Address 671 E Riverpark Ln

City

Boise

State

ID

Zip Code

83706-4066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tierney Consulting, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9196

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Helen M. Todd

Mailing Address 54 Belle Meadow Ln

City

Little Rock

State

AR

Zip Code

72210-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 7596

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Helen M. Todd

Mailing Address 54 Belle Meadow Ln

City

Little Rock

State

AR

Zip Code

72210-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 7721-P9302

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John David Todd

Mailing Address 7011 Lucea Rd

City

Little Rock

State

AR

Zip Code

72210-4146

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9263

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Richard H. Todd

Mailing Address 54 Belle Meadow Ln

City

Little Rock

State

AR

Zip Code

72210-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9062

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dave Toeben

Mailing Address 1625 Division St

City

Waite Park

State

MN

Zip Code

56387-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insight Insurance Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9249

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel R. Tompkins

Mailing Address 7555 Brookstead Xing

City

Duluth

State

GA

Zip Code

30097-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Admin America

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 7772-P9515

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Toups

Mailing Address 4521 Laurel St

City

New Orleans

State

LA

Zip Code

70115-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Insurance Group

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: 7721-P9220

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Eric S. Townsend

Mailing Address 8523 W Lockerbie Dr

City

Indianapolis

State

IN

Zip Code

46234-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Omaha

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9164

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Janet Trautwein

Mailing Address 7212 Redlac Dr

City

Clifton

State

VA

Zip Code

20124-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9526

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

C. Louanne Trebing

Mailing Address 1806 Patton Dr

City

Garland

State

TX

Zip Code

75042-8205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trebing Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9528

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles Trogon

Mailing Address 2950 E Richmond Ave

City

Fresno

State

CA

Zip Code

93720-4977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9265

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bynum R. Tuttle

Mailing Address PO Box 1110

City

Denton

State

NC

Zip Code

27239-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Designs
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7580

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dawn Michelle Urso

Mailing Address 1469 Deborah Dr

City

Spring Hill

State

FL

Zip Code

34609-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alltrust Insurance

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: 7721-P9096

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert B. Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwind Health Partners

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: 7772-P9529

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles G. Wagner

Mailing Address PO Box 9

City

Burwell

State

NE

Zip Code

68823-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Insurance
Agency, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 7772-P9426

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Timothy P. Walsh

Mailing Address 701 Oyster Catcher Dr

City

Hampstead

State

NC

Zip Code

28443-8340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9537

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City

Arlington

State

VA

Zip Code

22201-2573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
VP, Policy and State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

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

Transaction ID: 7772-P9404

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Hughes Waren

Mailing Address 1109 Princeton Dr

City

Wilmington

State

NC

Zip Code

28403-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7772-P9437

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John L. Warwick

Mailing Address PO Box 272

City

Chico

State

CA

Zip Code

95927-0272

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Warwick Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9166

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mark A Waugh

Mailing Address 125 Powell Rd

City

Newport

State

NC

Zip Code

28570-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9502

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles A Webb

Mailing Address 15 S Jefferson St

City

Roanoke

State

VA

Zip Code

24011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9024

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dan Webb

Mailing Address 2108 24th St Ste 2

City

Bakersfield

State

CA

Zip Code

93301-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Webb Insurance Group

Occupation
Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9093

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jason Scott Weilage

Mailing Address 3800 Flowering Grove Ct

City

Louisville

State

KY

Zip Code

40241-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weilage Benefit Special-
ts, Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9517

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles L. Westmoreland

Mailing Address PO Box 925

City

Jackson

State

MS

Zip Code

39205-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Public Life Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director of Agency Development

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9321

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lisa Wetherton

Mailing Address 376 Overlook Point Drive

City

Dahlonega

State

GA

Zip Code

30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Strategies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 7721-P9146

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert H. White

Mailing Address 218 W 6th St

City

Tulsa

State

OK

Zip Code

74119-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
CommunityCare HMO Plans
of OK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Marketing Representative

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9384

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lon G. Wilson

Mailing Address 4240 Tahoe Dr

City

Anchorage

State

AK

Zip Code

99502-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9505

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Paula L Wilson

Mailing Address 31930 Daniel Way

City

Temecula

State

CA

Zip Code

92591-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paula Wilson, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

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

Transaction ID: 7772-P9507

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steven L. Wilson

Mailing Address 808 Penny Ln

City

Lexington

State

KY

Zip Code

40509-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Insurance Marketi-
ng

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 7721-P9244

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Tammy Winn

Mailing Address 5940 Hartson

City

Kyle

State

TX

Zip Code

78640-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7772-P9509

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Shelly K Winson

Mailing Address 2491 W Binner Dr

City

Chandler

State

AZ

Zip Code

85224-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principal Financial Group

Occupation
Business Development Director,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 7721-P9235

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

DianaLou Wolff

Mailing Address 106 Main St

City

Kingston

State

NY

Zip Code

12401-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Counseling Associ-
ates

Occupation
Group & Health Benefit Special

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9091

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 100 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Barbara Kay Wong

Mailing Address 1311 L St

City

Anchorage

State

AK

Zip Code

99501-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Management Benefi-
ts Corp.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 7721-P8974

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dennis E. Wright

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
IntraHealth Solutions, In-
c.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 7721-P9175

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Luann S. Yarberry

Mailing Address 4500 Bermuda Ln

City

Wichita Falls

State

TX

Zip Code

76308-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allred-Thompson-Mason-Dau-
gherty Ins.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 7721-P9027

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 101 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Robert A Ziff

Mailing Address 568 Valleyview Rd

City

Langhorne

State

PA

Zip Code

19047-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avanti Benefits CorpOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 7721-P8977

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

34641.52

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 115

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
cc fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7758

Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

101.71

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
cc fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7761

Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

4.50

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 7810 Old Branch Avenue

City
Clinton

State
MD

Zip Code
20735

Purpose of Disbursement
fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7767

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

58.10

SUBTOTAL of Disbursements This Page (optional)

164.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 115

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7766

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

16.46

B.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7759

Date of Disbursement

07 / 03 / 2008

Amount of Each Disbursement this Period

57.73

SUBTOTAL of Disbursements This Page (optional)

74.19

TOTAL This Period (last page this line number only)

238.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 / 115

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay Suite 105

City State Zip Code
Portland OR 97232Purpose of Disbursement
Reception 7.23Candidate Name
EARL BLUMENAUEROffice Sought: ☒ House
☐ Senate
☐ President

State: OR District: 03

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7693

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 3 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

BOYD FOR CONGRESS

Mailing Address P.O. Box 15703

City State Zip Code
Tallahassee FL 32317Purpose of Disbursement
Reception 7.31Candidate Name
F. A JR. BOYDOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7708

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City State Zip Code
Richmond VA 23226Purpose of Disbursement
Cantor Carnival 7.24Candidate Name
ERIC CANTOROffice Sought: ☒ House
☐ Senate
☐ President

State: VA District: 07

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7705

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 4 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 | Transaction ID: 7690 Date of Disbursement <div> <div>07</div> <div>24</div> <div>2008</div> </div> |
| City Richmond State VA Zip Code 23226 Purpose of Disbursement Cantor Carnival 7.24 Candidate Name ERIC CANTOR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07 | Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type |
| B. Full Name (Last, First, Middle Initial) CATHY MCMORRIS FOR CONGRESS Mailing Address Box 137 City Spokane State WA Zip Code 99210 Purpose of Disbursement Lunch 7.15 Candidate Name CATHY MCMORRIS RODGERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 05 | Transaction ID: 7662 Date of Disbursement <div> <div>07</div> <div>17</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type |
| C. Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN Mailing Address P O BOX 811 City DES MOINES State IA Zip Code 50304 Purpose of Disbursement Reception 7.23 Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00 | Transaction ID: 7692 Date of Disbursement <div> <div>07</div> <div>23</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type |

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

COLEMAN FOR SENATE 08

Mailing Address 680 TRANSFER ROAD SUITE A

City State Zip Code
ST PAUL MN 55114

Purpose of Disbursement
Dinner 7.15

Candidate Name
NORM COLEMAN

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7660

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
BANGOR ME 04402

Purpose of Disbursement
Lunch 7.23

Candidate Name
SUSAN M COLLINS

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7696

Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 Lewis Avenue

City State Zip Code
Brooklyn NY 11233

Purpose of Disbursement
Breakfast 7.17

Candidate Name
EDOLPHUS TOWNS

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 10

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7706

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 Lewis Avenue

City State Zip Code
Brooklyn NY 11233

Purpose of Disbursement
Breakfast 7.17

Candidate Name
EDOLPHUS TOWNS

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 10

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7663

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS

Mailing Address 315 Inspiration Lane

City State Zip Code
Gaithersburg MD 20878

Purpose of Disbursement
Reception 7.30

Candidate Name
NYDIA M VELAZQUEZ

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 12

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7707

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DAVID DAVIS VICTORY FUND

Mailing Address PO Box 781

City State Zip Code
Johnson City TN 37605

Purpose of Disbursement
Lunch 7.23

Candidate Name
DAVID DAVIS

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 01

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7664

Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City
UnionvilleState
PAZip Code
19375Purpose of Disbursement
PA WeekendCandidate Name
JOSEPH R PITTS011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AK District: 16

Transaction ID: 7603

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF SAM JOHNSON

Mailing Address P.O. Box 860096

City
PlanoState
TXZip Code
75086Purpose of Disbursement
Dinner 7.23Candidate Name
SAMUEL R HON. JOHNSON011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: 7688

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 3 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOHN SULLIVAN FOR CONGRESS INC

Mailing Address Post Office Box 470840

City
TulsaState
OKZip Code
74147Purpose of Disbursement
Lunch 7/10Candidate Name
JOHN SULLIVAN011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: 7620

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City
PHOENIX

State
AZ

Zip Code
85064

Purpose of Disbursement
Dinner 7.15

Candidate Name
JON L KYL

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: 7604

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City
PHOENIX

State
AZ

Zip Code
85064

Purpose of Disbursement
Dinner 7.15

Candidate Name
JON L KYL

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: 7650

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

KNOLLENBERG FOR CONGRESS COMMITTEE

Mailing Address 31000 Telegraph Road, #110

City
Bingham Farms

State
MI

Zip Code
48025

Purpose of Disbursement
Lunch 7.29

Candidate Name
JOSEPH K. KNOLLENBERG

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 7710

Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 / 115

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A. Full Name (Last, First, Middle Initial)
MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Lunch 7.30Candidate Name
MARSHA MRS. BLACKBURNOffice Sought: ☒ House
☐ Senate
☐ President

State: TN District: 07

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7712

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 3 | 0 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

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|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|

**B. Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS INC.**

Mailing Address POB 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Reception 7.30Candidate Name
WILLIAM J HON. JR. PASCRELLOffice Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 08

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7711

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 3 | 0 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|

**C. Full Name (Last, First, Middle Initial)
RYAN FOR CONGRESS**

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Breakfast 7.31Candidate Name
PAUL D RYANOffice Sought: ☒ House
☐ Senate
☐ President

State: WI District: 01

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7694

Date of Disbursement

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

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND | Transaction ID: 7651 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 32025 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 1 | 0 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 7 | | 1 | 0 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Phoenix State AZ Zip Code 85064 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Dinner 7.15 | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name SENATE MAJORITY FUND | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) STEVE ROTHMAN FOR NEW JERSEY INC. | Transaction ID: 7709 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 714 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 3 | 1 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 7 | | 3 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Hackensack State NJ Zip Code 07602 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Breakfast 7.31 | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name STEVEN R ROTHMAN | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS | Transaction ID: 7659 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 37091 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 1 | 5 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 7 | | 1 | 5 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Charlotte State NC Zip Code 28237 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Lunch 7.15 | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name SUE MYRICK | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 AUSTIN CENTRE BLVD

City State Zip Code
 AUSTIN TX 78731

Purpose of Disbursement
 Reception 7.29

Candidate Name
 JOHN CORNYN

011
 Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: 7691

Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
TOM FEENEY FOR CONGRESS

Mailing Address P. O. Box 622345

City State Zip Code
 Oviedo FL 32762

Purpose of Disbursement
 Reception 7.15

Candidate Name
 TOM FEENEY

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 7661

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address 2814 Spring Road Ste. 103

City State Zip Code
 Atlanta GA 30339

Purpose of Disbursement
 Breakfast 7.24

Candidate Name
 VOICE FOR FREEDOM

011
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 7689

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

VOICE FOR FREEDOM

Mailing Address 2814 Spring Road Ste. 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Breakfast 7.24

Candidate Name
VOICE FOR FREEDOM

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7704

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement
Lunch 7.31

Candidate Name
WALLY HERGER

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7695

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

23000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jack A. Kalosy

Mailing Address 11 Hollyhock Way

City
NewtonState
NJZip Code
07860Purpose of Disbursement
contribution refundedCandidate Name
Jack A. Kalosy

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 7556

Date of Disbursement

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

Amount of Each Disbursement this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michael Dietz

Mailing Address 4 Systems Dr

City
AppletonState
WIZip Code
54914Purpose of Disbursement
contribution refundedCandidate Name
Michael Dietz

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 7760

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 3 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional) ►

485.00

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

485.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 115 / 115

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Berger Hirschberg Strategies

Mailing Address 1010 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Rock the Vote-Convention '08

Candidate Name
Berger Hirschberg Strategies

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 7624

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Kindys Promotional Apparel

Mailing Address 3300 101st Street

City Urbandale State IA Zip Code 50322

Purpose of Disbursement
Convention Materials

Candidate Name
Kindys Promotional Apparel

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 7715

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

386.28

SUBTOTAL of Disbursements This Page (optional)

10386.28

TOTAL This Period (last page this line number only)

10386.28