



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		111303.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	56902.69									
(c) Total Receipts (from Line 19) .....	35143.67	176848.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	92046.36	288151.97								
7. Total Disbursements (from Line 31) .....	14717.47	210823.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	77328.89	77328.89								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	18803.70	84212.80
(ii) Unitemized .....	16339.43	92631.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	35143.13	176844.44
(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) .....	35143.13	176844.44
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.54	4.20
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)) .....	35143.67	176848.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35143.67	176848.64

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.....	3217.47	10398.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3217.47	10398.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	11500.00	200250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	175.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14717.47	210823.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14717.47	210823.08

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) .....	35143.13	176844.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35143.13	176669.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3217.47	10398.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3217.47	10398.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeff Ahrendsen	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 3830 Wakefield Dr	<b>Transaction ID:</b> 11188-P45559
	City State Zip Code Colorado Springs CO 80906-4393	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$100.00 Monthly)
Name of Employer Benefit Resources, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kirk Andonian	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 4423 Point Fosdick Dr NW Ste 306	<b>Transaction ID:</b> 11188-P45214
	City State Zip Code Gig Harbor WA 98335-1794	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$150.00 Monthly)
Name of Employer Berg Andonian	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Elizabeth Ashmore	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 6102 82nd St Ste 6	<b>Transaction ID:</b> 11190-P45814
	City State Zip Code Lubbock TX 79424-0803	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$170.00 Monthly)
Name of Employer Ashmore & Associates Insurance Agency	Occupation agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	420.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kimberly L. Auclair		Date of Receipt
	Mailing Address 6873 Raccoon Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Viera	FL	32940-6869
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pineapple Financial Services, LLC		Occupation Agent	Transaction ID: 11188-P45317
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1120.00	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text"/> 30.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Rick D. Bailey		Date of Receipt
	Mailing Address 117 Royal Oaks Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Canton	GA	30115-6587
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Rick Bailey & Company, Inc.		Occupation agent	Transaction ID: 11188-P45395
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 735.00	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$125.00 Monthly)	<input type="text"/> 125.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathryn A. Beals		Date of Receipt
	Mailing Address 5151 W River Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Wauunakee	WI	53597-9523
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Dean Health Plan		Occupation Agent	Transaction ID: 11190-P46060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 630.00	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$170.00 Monthly)	<input type="text"/> 170.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 325.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 64
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce D. Benton		Date of Receipt
	Mailing Address 20161 Delita Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Woodland Hills	CA	91364-3521
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11190-P45929
Name of Employer Genesis SmithBenton Insurance & Finan		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 805.00	<input type="text"/> 170.00
			Payroll Deduction (\$170.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) David A Berman		Date of Receipt
	Mailing Address 6510 N Shadeland Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Indianapolis	IN	46220-4369
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11190-P45768
Name of Employer Neace Lukens Holding Company, Inc.		Occupation agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 465.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Besselman		Date of Receipt
	Mailing Address 6421 Perkins Rd Bldg A # 2B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Baton Rouge	LA	70808-6200
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11188-P45182
Name of Employer Besselman & Little Agency		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1125.00	<input type="text"/> 250.00
			Payroll Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 505.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert J Bishop	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 2785 E Desert Inn Rd Ste 260	<b>Transaction ID:</b> 11188-P45213
	City State Zip Code Las Vegas NV 89121-3693	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$100.00 Monthly)
Name of Employer KIA Insurance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James C. Bosier	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 6410 N Butler Rd	<b>Transaction ID:</b> 11188-P45398
	City State Zip Code Cedar Falls IA 50613-9317	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
Name of Employer The Accel Group	Occupation Ins Design and Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Burns	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 5653 Maxwellton Rd	<b>Transaction ID:</b> 11188-P45643
	City State Zip Code Oakland CA 94618-2654	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
Name of Employer Burns Employee Benefits Insurance Ser	Occupation Managing Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 64
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph W. Buyalos	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 9051 Major Smith Ln	<b>Transaction ID:</b> 11188-P45130
	City State Zip Code Frederick MD 21704-7831	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
Name of Employer The Insurance Exchange, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kareim R. Cade	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 1544 Pebble Beach Dr	<b>Transaction ID:</b> 11190-P46051
	City State Zip Code Pontiac MI 48340-1367	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
Name of Employer Great Lakes Benefit Group	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David A. Cagliola	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 71 Quail Dr S	<b>Transaction ID:</b> 11188-P45399
	City State Zip Code Phoenixville PA 19460-1075	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
Name of Employer Radnor Benefits Group, Inc.	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Louie L. Cason		Date of Receipt
	Mailing Address 2920 Gervais St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Columbia	SC	29204-3345
	FEC ID number of contributing federal political committee.		Transaction ID: 11188-P45294
	C		Amount of Each Receipt this Period
Name of Employer The Cason Group, Inc.		Occupation Agent	Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell B. Childers		Date of Receipt
	Mailing Address 402 Rawley Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Americus	GA	31719-2150
	FEC ID number of contributing federal political committee.		Transaction ID: 11190-P46052
	C		Amount of Each Receipt this Period
Name of Employer Russ Childers, CLU		Occupation President	Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dorothy M. Cociu		Date of Receipt
	Mailing Address PO Box 1941		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Big Bear Lake	CA	92315-1941
	FEC ID number of contributing federal political committee.		Transaction ID: 11188-P45613
	C		Amount of Each Receipt this Period
Name of Employer Advanced Benefit Consulting & Insuran		Occupation Agent	Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 255.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 64
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Christina M. Collins		Date of Receipt MM / DD / YYYY 04 / 27 / 2011		
	Mailing Address 2600 Anchor Way		<b>Transaction ID:</b> 11195		
	City Louisville	State KY	Zip Code 40223-1606	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 365.00		
Name of Employer Humana		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Teresa Conto		Date of Receipt MM / DD / YYYY 04 / 23 / 2011		
	Mailing Address 145 Polaris Dr		<b>Transaction ID:</b> 11190-P45787		
	City Walkersville	State MD	Zip Code 21793-9123	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 340.00		
Name of Employer Independent Benefit		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
		Payroll Deduction (\$85.00 Monthly)			

<b>C.</b>	Full Name (Last, First, Middle Initial) Troy J. Cook		Date of Receipt MM / DD / YYYY 04 / 23 / 2011		
	Mailing Address 6600 Westown Pkwy # 250		<b>Transaction ID:</b> 11190-P45765		
	City West Des Moines	State IA	Zip Code 50266-7724	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 230.00		
Name of Employer Krist Insurance Services		Occupation AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
		Payroll Deduction (\$85.00 Monthly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>535.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 64

(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)

Catherine L. Cooper

Mailing Address 17232 Brookview Dr

City Livonia State MI Zip Code 48152-4543

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

Name of Employer Health Care Administrators Occupation agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 319.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45663

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Bob Copeland

Mailing Address 700 Larkspur Landing Circle, Suite

City Larkspur State CA Zip Code 94939

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

Name of Employer Copeland Insurance Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45207

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Steven G. Cosby

Mailing Address 27 W Boscawen St

City Winchester State VA Zip Code 22601-4740

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

Name of Employer Cosby Insurance Group 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  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45159

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

297.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 64  
(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)  
Reed Damron

Mailing Address 4642 Riveredge Dr

City State Zip Code  
Duluth GA 30096-2987

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

Name of Employer Occupation  
HIRE Benefits, Inc. Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** 11188-P45153

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
James F. Daubert

Mailing Address 9121 Pioneer Ct

City State Zip Code  
Lincoln NE 68520-9305

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

Name of Employer Occupation  
Daubert and Butler Associates Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1476.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

**Transaction ID:** 11155

Amount of Each Receipt this Period  
1476.00

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

Mailing Address 25 Rolling Oaks Dr Ste 110

City State Zip Code  
Thousand Oaks CA 91361-1003

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

Name of Employer Occupation  
Davidson Insurance & financial Servc Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** 11188-P45210

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1646.00**

**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 / 64

(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)  
Johnny Lee Dawkins

Mailing Address 122 Thorncliff Dr

City State Zip Code  
Fayetteville NC 28303-5268

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

Name of Employer Occupation  
Ebenconcepts President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45448

Amount of Each Receipt this Period

115.00

Payroll Deduction

(\$115.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Teresa F DeBruin

Mailing Address 5441 Edgerton Dr

City State Zip Code  
Norcross GA 30092-2185

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

Name of Employer Occupation  
DeBruin Benefit Services, Inc./ The L Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 319.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45634

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

**C.**

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

Mailing Address 1375 Piccard Dr

City State Zip Code  
Rockville MD 20850-4311

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 805.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45259

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

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

327.00

**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 / 64  
(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 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 ▼ 515.00

Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11188-P45267  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Eugene 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, Inc. Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11188-P45148  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**C.** 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 Services, Inc. Occupation VP - Group Benefits Division

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11188-P45572  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 340.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 64  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Linda 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 ▼ 340.00

Date of Receipt 04 / 23 / 2011

Transaction ID: 11190-P46046

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

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

Mailing Address PO Box 19

City Demotte State IN Zip Code 46310-0019

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

Name of Employer Financial Arts Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2011

Transaction ID: 11188-P45311

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.**

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 Concepts, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 04 / 23 / 2011

Transaction ID: 11188-P45641

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 64  
(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)  
Cheryl S Farmer

Mailing Address 56114 C. R. 23

City Bristol State IN Zip Code 46507

FEC ID number of contributing federal political committee. C

Name of Employer Health Resources Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2011

**Transaction ID:** 11188-P45374

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Robert Mark Fitzgerald

Mailing Address 2842 Landing Way

City Marietta State GA Zip Code 30066-2362

FEC ID number of contributing federal political committee. C

Name of Employer Robert Fitzgerald Insurance Agency, I Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 23 / 2011

**Transaction ID:** 11188-P45589

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 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 Partners Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 745.00

Date of Receipt 04 / 23 / 2011

**Transaction ID:** 11190-P45771

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 145.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 64  
(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)  
Michelle Fuller

Mailing Address 36 Cascade Cv

City State Zip Code  
Petal MS 39465-5805

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

Name of Employer Occupation  
Stewart Sneed Hewes/Banco- Vice President, Advisor  
rpSouth Insu

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** 11188-P45591

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Joan L. Galletta

Mailing Address 3342 Kori Rd

City State Zip Code  
Jacksonville FL 32257-8883

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

Name of Employer Occupation  
JP Perry Insurance, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** 11188-P45174

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 16510 Summit Dr

City State Zip Code  
Omaha NE 68136-4038

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

Name of Employer Occupation  
Harry A. Koch Co. Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** 11190-P46069

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 64  
(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)  
Joy K. Gardner  
 Mailing Address 10605 Sterling Ridge Way  
 City State Zip Code  
 Reno NV 89521-5199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comstock Insurance Agencies, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11190-P46070  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Charles T. Gartlan  
 Mailing Address 19 Tarworth Ter  
 City State Zip Code  
 Manchester NJ 08759-6671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emerson, Reid & Co. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11188-P45377  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
James David Gibson  
 Mailing Address 93 Hollenbeck Rd  
 City State Zip Code  
 Irmo SC 29063-8076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gibson & Associates, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11188-P45203  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 310.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 21 / 64  
(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)  
Michael Gibson  
 Mailing Address 308 Beulah Ln  
 City Irmo State SC Zip Code 29063-9573  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11188-P45576  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Gibson & Associates Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 340.00

**B.** Full Name (Last, First, Middle Initial)  
Richard R Girdler  
 Mailing Address 400 Sims Ln  
 City Franklin State TN Zip Code 37069-1890  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11188-P45608  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Cowan Benefit Services Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 490.00

**C.** Full Name (Last, First, Middle Initial)  
Patrice Goldfarb  
 Mailing Address 442 Teaneck Rd  
 City Ridgefield Park State NJ Zip Code 07660-1516  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID:** 11188-P45381  
 Amount of Each Receipt this Period 60.00  
 Payroll Deduction (\$60.00 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer The Employee Benefits Advisors Group Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 240.00

**SUBTOTAL** of Receipts This Page (optional) ..... **230.00**  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 64  
(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)  
Michael D. Gray

Mailing Address 8230 Rockledge Road #123

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 ▼ 400.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11190-P46050  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**B.** 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 ▼ 340.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45380  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
J.B. Gross

Mailing Address 331 Clear Lake Ln

City Weatherford State TX Zip Code 76087-9173

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

Name of Employer J. B. Gross Insurance Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45549  
Amount of Each Receipt this Period 85.00  
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: (check only one)	PAGE 23 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lorelei A. Gross		Date of Receipt
	Mailing Address 331 Clear Lake Ln		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Weatherford	TX	76087-9173
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer J. B. Gross Insurance		Occupation Agent	<b>Transaction ID:</b> 11188-P45550
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig G. Gussin		Date of Receipt
	Mailing Address 843 Summersong Ct		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Encinitas	CA	92024-5447
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Auerbach & Gussin Insurance and Finan		Occupation Agent	<b>Transaction ID:</b> 11188-P45283
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher S. Harrison		Date of Receipt
	Mailing Address 921-C S McPherson Church Rd		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Fayetteville	NC	28303-5368
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ebenconcepts Company		Occupation President	<b>Transaction ID:</b> 11188-P45146
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1640.00"/>	Amount of Each Receipt this Period <input type="text" value="410.00"/>
			Payroll Deduction (\$410.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="580.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 64
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Hedy S Hebert		Date of Receipt
	Mailing Address 4816 Woodberry Ln		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Benton	LA	71006-9361
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benefit Consulting Services		Occupation Agent	Transaction ID: 11188-P45593
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="660.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="30.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Dan M. Heffley		Date of Receipt
	Mailing Address PO Box 50031		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Henderson	NV	89016-
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Employer Benefit Source, Inc.		Occupation Agent	Transaction ID: 11188-P45676
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="215.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$10.00 Monthly)	<input type="text" value="10.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) John Heinz		Date of Receipt
	Mailing Address 413 Roslyn Rd		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Dundee	IL	60118-1024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INSource Benefits Consultants		Occupation President	Transaction ID: 11188-P45610
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="235.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$20.00 Monthly)	<input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 25 / 64  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code  
Broken Arrow OK 74012-5995

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 ▼ 400.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11190-P45849  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction: (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Thomas L. Henry

Mailing Address 19310 Sonoma Hwy Ste A

City State Zip Code  
Sonoma CA 95476-5454

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

Name of Employer RealCare Insurance Market-ing, Inc. Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11188-P45169  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
William S. Hepscher

Mailing Address 38176 Medical Center Ave

City State Zip Code  
Zephyrhills FL 33540-1380

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

Name of Employer The Canadian Drugstore Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11188-P45305  
Amount of Each Receipt this Period: 85.00  
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 26 / 64  
(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)  
 Al Hombroek  
 Mailing Address 1185 Montclair Way  
 City State Zip Code  
 Snellville GA 30078-7327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Multiple Benefits Corporation Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID: 11188-P45494**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
 Julia A. Jennings  
 Mailing Address 2 Lady Slipper Ln  
 City State Zip Code  
 Marion MA 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 ▼ 465.00  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID: 11188-P45403**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
 David S Johnson  
 Mailing Address 1482 Baron Ct  
 City State Zip Code  
 Stone Mountain GA 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 ▼ 710.00  
 Date of Receipt 04 / 23 / 2011  
**Transaction ID: 11188-P45561**  
 Amount of Each Receipt this Period 180.00  
 Payroll Deduction (\$180.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **365.00**  
**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 / 64  
(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)  
Kristine Kassel

Mailing Address 1937 E Greentree Dr

City State Zip Code  
Tempe AZ 85284-3481

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

Name of Employer Benefits By Design, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** 11188-P45355

Amount of Each Receipt this Period  
75.00

Payroll Deduction  
(\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
George R Keeling

Mailing Address 1875 N Highway 385

City State Zip Code  
Levelland TX 79336-9493

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

Name of Employer George R. Keeling Insurance Agency 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  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** 11190-P46029

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Tamara P Kennedy

Mailing Address 9414 E Sera Brisa

City State Zip Code  
Scottsdale AZ 85255-6054

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

Name of Employer Rogers Benefit Group, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** 11188-P45199

Amount of Each Receipt this Period  
200.00

Payroll Deduction  
(\$200.00 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 28 / 64

(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)  
Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City State Zip Code  
Yakima WA 98908-2382

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

Name of Employer Occupation  
Conover Insurance, Inc. Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45358

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Linda Rose Koehler

Mailing Address 516 Shelley St

City State Zip Code  
Livermore CA 94550-2368

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

Name of Employer Occupation  
Herzog Insurance Agency Health Benefits Insurance Specialist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11190-P46011

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Louis K. Koster

Mailing Address 4521 Purdue Dr

City State Zip Code  
Metairie LA 70003-1254

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

Name of Employer Occupation  
Arthur J Gallgher & Co Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

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

Transaction ID: 11197

Amount of Each Receipt this Period

150.00

**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

FOR LINE NUMBER: PAGE 29 / 64  
(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)  
Daniel C LaBroad

Mailing Address 710 Farmers Market Way

City State Zip Code  
Dallas TX 75201-8451

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

Name of Employer Occupation  
Ovation Health & Life Services, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2011

**Transaction ID:** 11188-P45516

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Julian E. Lago

Mailing Address 8104 Bautista Way

City State Zip Code  
Palm Beach Gardens FL 33418-8178

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

Name of Employer Occupation  
Plastridge Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2011

**Transaction ID:** 11188-P45537

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Emma S Leigh

Mailing Address 5101 Peachtree Rd

City State Zip Code  
Atlanta GA 30341-2715

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

Name of Employer Occupation  
Alliant Health Systems Sr. Sales Executive

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2011

**Transaction ID:** 11188-P45191

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 305.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 64  
(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)  
Karen B. Leonard  
Mailing Address 8 Shakespeare Rd  
City Hackettstown State NJ Zip Code 07840-4707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Leonard Financial Group, LLC Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45653  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Juan R. Lopez  
Mailing Address 27 Banstead  
City Trabuco Canyon State CA Zip Code 92679-3740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kaiser Permanente Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45520  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** 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 ▼ 1125.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45278  
Amount of Each Receipt this Period 250.00  
Payroll Deduction (\$250.00 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 31 / 64  
(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)  
Jim Malone

Mailing Address 124 Main Ave N

City Fayetteville State TN Zip Code 37334-3056

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

Name of Employer The Malone Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45171  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Dale W. Maloney

Mailing Address 401 Wekiva Cove Rd

City Longwood State FL Zip Code 32779-5635

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

Name of Employer Benefits Division, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45524  
Amount of Each Receipt this Period 60.00  
Payroll Deduction (\$30.00 Monthly)

**C.** 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 ▼ 340.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45522  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Marie McGinnis		Date of Receipt
	Mailing Address 9905 S Maplewood Ave		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Tulsa	OK	74137-5534
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11186
Name of Employer BenEx Insurance Agency		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="1180.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Marie McGinnis		Date of Receipt
	Mailing Address 9905 S Maplewood Ave		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Tulsa	OK	74137-5534
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11190-P45986
Name of Employer BenEx Insurance Agency		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="1210.00"/>	Payroll Deduction
			(\$30.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Ward McKalson		Date of Receipt
	Mailing Address 22365 Ferdinand Ct		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Salinas	CA	93908-1106
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11188-P45510
Name of Employer Leavitt Central Coast Insurance Servi		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="340.00"/>	Payroll Deduction
			(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="145.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 64  
(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)  
Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City State Zip Code  
Spokane WA 99202-1525

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

Name of Employer: Western States Jones & Mitchell  
Occupation: Benefits Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 04 / 23 / 2011  
**Transaction ID:** 11188-P45161  
 Amount of Each Receipt this Period: 85.00  
 Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 7200 Redwood Blvd Ste 400

City State Zip Code  
Novato CA 94945-3249

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

Name of Employer: Elite Brokerage Services, Inc.  
Occupation: Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 23 / 2011  
**Transaction ID:** 11188-P45521  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction: (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City State Zip Code  
Katy TX 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 ▼ 300.00

Date of Receipt: 04 / 23 / 2011  
**Transaction ID:** 11188-P45514  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction: (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 285.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 64  
(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)  
Robert J. Mineo  
 Mailing Address 7322 Donaldson Dr  
 City State Zip Code  
 Gonzales LA 70737-8169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fort Dearborn Life Regional Sales Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 575.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 1 1  
**Transaction ID:** 11200  
 Amount of Each Receipt this Period  
 575.00

**B.** Full Name (Last, First, Middle Initial)  
David R. Moore  
 Mailing Address 605 Truitt Dr  
 City State Zip Code  
 Elon NC 27244-9262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 David R. Moore, CLU & Associates Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 340.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 1 1  
**Transaction ID:** 11190-P46009  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Joseph C. Moss  
 Mailing Address 14202 Chimney House Rd  
 City State Zip Code  
 Midlothian VA 23112-4304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 M&T Bank HSA Specialist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 215.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 1 1  
**Transaction ID:** 11190-P45973  
 Amount of Each Receipt this Period  
 10.00  
 Payroll Deduction  
 (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 670.00  
**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 35 / 64  
(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 91786-4793

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

Name of Employer: Ray Musser & Assoc. Insurance Services  
Occupation: Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 04 / 23 / 2011  
**Transaction ID:** 11188-P45308  
 Amount of Each Receipt this Period: 85.00  
 Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 32110 Agoura Rd

City Westlake Village State CA Zip Code 91361-4026

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

Name of Employer: Warner Pacific Insurance Services  
Occupation: Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.80

Date of Receipt: 04 / 23 / 2011  
**Transaction ID:** 11188-P45255  
 Amount of Each Receipt this Period: 416.70  
 Payroll Deduction: (\$416.70 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Ron J. Nezat

Mailing Address 2632 Ducharme Rd

City Opelousas State LA Zip Code 70570-8630

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

Name of Employer: Global Financial Resources, Inc.  
Occupation: Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 04 / 23 / 2011  
**Transaction ID:** 11188-P45284  
 Amount of Each Receipt this Period: 250.00  
 Payroll Deduction: (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 751.70

**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 36 / 64  
(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)  
Terri M. Olson  
Mailing Address PO Box 21479  
City Keizer State OR Zip Code 97307-1479  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olson Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11190-P45812  
Amount of Each Receipt this Period 50.00  
Payroll Deduction (\$50.00 Monthly)

**B.** 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 ▼ 525.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11190-P45989  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**C.** 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 Group, Inc. Occupation CEO/President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1400.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45332  
Amount of Each Receipt this Period 350.00  
Payroll Deduction (\$350.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00  
**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 37 / 64  
(check only one)  
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.** 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 Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45487  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 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 ▼ 240.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45502  
Amount of Each Receipt this Period 60.00  
Payroll Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Tom G. Polenzani  
Mailing Address 1120 Atchison St  
City Pasadena State CA Zip Code 91104-1319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 805.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45335  
Amount of Each Receipt this Period 170.00  
Payroll Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 315.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 64  
(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 ▼ 340.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11190-P45897  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Kathy M. Rainwater  
Mailing Address 3809 Silverwood Dr  
City Tyler State TX Zip Code 75701-9336  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11190-P45995  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 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 ▼ 465.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45338  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 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 39 / 64

(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 State Zip Code  
Grafton WI 53024-9314

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

Name of Employer Occupation  
The Rauser Agency, Inc. Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45339

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dennis J. Recker

Mailing Address 971 N Perry St

City State Zip Code  
Ottawa OH 45875-1218

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

Name of Employer Occupation  
Fawcett, Lammon, Recker & Associates Registered Representative

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11190-P45827

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

R Dane Rianhard

Mailing Address 1 N Charles St

City State Zip Code  
Baltimore MD 21201-3740

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

Name of Employer Occupation  
FranklinMorris Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45687

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

365.00

**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 40 / 64  
(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)  
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 ▼ 465.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45430  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Susan M. Rider

Mailing Address 45 Apple Tree Cir

City Fishers State IN Zip Code 46038-1111

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

Name of Employer Gregory & Appel Insurance Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45504  
Amount of Each Receipt this Period 72.00  
Payroll Deduction (\$42.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mark C. Riley

Mailing Address PO Box 1635

City Irmo State SC Zip Code 29063-1635

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

Name of Employer American Benefit Services, LLC Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45126  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 257.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael A. Rivera		Date of Receipt
	Mailing Address 12200 Northwest Fwy Ste 662		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Houston	TX	77092-4927
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11188-P45138
Name of Employer Northwest General Insurance		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 465.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon L. Robbins		Date of Receipt
	Mailing Address PO Box 530		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Asheville	NC	28802-0530
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11190-P45864
Name of Employer Insurance Service of Asheville		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph K. Roberts		Date of Receipt
	Mailing Address 4000 S 36th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Lincoln	NE	68506-4809
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11190-P45980
Name of Employer Midlands Financial Benefits		Occupation Registered Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00	<input type="text"/> 170.00
			Payroll Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 340.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 64  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) William T. Robinson		Date of Receipt MM / DD / YYYY 04 / 23 / 2011		
	Mailing Address 401 S El Cielo Rd Apt 66		<b>Transaction ID:</b> 11190-P45999		
	City Palm Springs	State CA	Zip Code 92262-7922	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Palm Canyon Insurance Agency		Occupation Agent		(\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 465.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) William J. Roby		Date of Receipt MM / DD / YYYY 04 / 21 / 2011		
	Mailing Address 1702 Limehouse Ct		<b>Transaction ID:</b> 11187		
	City Louisville	State KY	Zip Code 40220-3827	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer BB&T Insurance Services		Occupation Vice President		(\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Rose		Date of Receipt MM / DD / YYYY 04 / 23 / 2011		
	Mailing Address 1545 NE 76th St		<b>Transaction ID:</b> 11188-P45495		
	City Seattle	State WA	Zip Code 98115-4373	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Baldwin Resource Group		Occupation Vice President Sales		(\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	535.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 64

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City State Zip Code  
Budd Lake NJ 07828-1438

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

Name of Employer Occupation  
John J. Slattery Associates Director of Broker Development

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45344

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Gregory S. Sailer

Mailing Address 9721 Wellington Rdg

City State Zip Code  
Woodbury MN 55125-9592

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

Name of Employer Occupation  
Sailer Benefit Services, Inc. Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45349

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Stephen J. Salamon

Mailing Address PO Box 4252

City State Zip Code  
Timonium MD 21094-4252

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

Name of Employer Occupation  
Landmark Insurance & Financial Group Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 465.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45239

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 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 44 / 64

(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Raymer M. Sale		Date of Receipt
	Mailing Address 2135 Enclave Mill Dr		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Dacula	GA	30019-3290
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer E2E Benefits Services, Inc.		Occupation Agent	Transaction ID: 11188-P45350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="725.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="150.00"/>
		Payroll Deduction	
			(\$150.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Rose P. Sandoval		Date of Receipt
	Mailing Address 2 Main St Ste 340		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Stoneham	MA	02180-3336
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benefit Strategy Partners, LLC		Occupation Agent	Transaction ID: 11188-P45295
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="375.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="100.00"/>
		Payroll Deduction	
			(\$100.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Alan R. Schulman		Date of Receipt
	Mailing Address 10010 Colesville Rd Ste A		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Silver Spring	MD	20901-2348
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Insurance Benefits & Advisors		Occupation Agent	Transaction ID: 11188-P45226
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="370.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="135.00"/>
		Payroll Deduction	
			(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="385.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 64  
(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 D. Schulz  
Mailing Address 7101 S 82nd St

City Lincoln State NE Zip Code 68516-6584

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

Name of Employer Midlands Financial Benefits Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45260  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Ronald C. Segal  
Mailing Address 3621 Deauvilla Ct

City Calabasas State CA Zip Code 91302-3047

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

Name of Employer Ron Segal Insurance Services, Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45451  
Amount of Each Receipt this Period 60.00  
Payroll Deduction (\$60.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Gregory J. Seifert  
Mailing Address 3311 NE 115th Street

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 ▼ 720.00

Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45453  
Amount of Each Receipt this Period 170.00  
Payroll Deduction (\$170.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 64  
(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 Selinsky  
Mailing Address 28638 Oak Point Dr  
City Farmington Hills State MI Zip Code 48331-2706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benesys Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 465.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45454  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Scott A Shalek  
Mailing Address PO Box 67  
City Ringwood State IL Zip Code 60072-0067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Shalek Financial Services Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45227  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Douglas W Sheffer  
Mailing Address 2425 Malabar Dr  
City Eugene State OR Zip Code 97403-1893  
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 ▼ 295.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45465  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 47 / 64

(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)

Anya Y. Simpson

Mailing Address 82 N Boxwood St

City State Zip Code  
Hampton VA 23669-2464

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

Name of Employer Occupation  
Benefit Plans, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45474

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 State Zip Code  
Wall NJ 07719-9168

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

Name of Employer Occupation  
John J. Slattery Associates, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45262

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Sam Smith

Mailing Address 13025 Erwin Street

City State Zip Code  
Valley Glen CA 91401-

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

Name of Employer Occupation  
Genesis Financial President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45475

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 64
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheryl M. Soileau		Date of Receipt
	Mailing Address 6421 Perkins Rd Bldg A # 2B		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Baton Rouge	LA	70808-6200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Besselman & Little Agency		Occupation Agent	<b>Transaction ID:</b> 11190-P45866
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="465.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			Payroll Deduction (\$10.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jim Spahr		Date of Receipt
	Mailing Address 1457 Capri Ave		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Petaluma	CA	94954-1458
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Jackie & Jim Spahr Insurance Services		Occupation Agent	<b>Transaction ID:</b> 11188-P45457
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Sher Sparano		Date of Receipt
	Mailing Address 7020 108th St # 5-0		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Forest Hills	NY	11375-4449
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benefits Advisory Service		Occupation President	<b>Transaction ID:</b> 11188-P45256
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="415.00"/>	Amount of Each Receipt this Period <input type="text" value="90.00"/>
			Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="185.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 64

(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)

Anne P. Sperling

Mailing Address 25 Antigua Rd

City State Zip Code  
Santa Fe NM 87508-2201

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

Name of Employer Occupation  
Daniels Insurance, Inc. Employee Benefits Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11243

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Anne P. Sperling

Mailing Address 25 Antigua Rd

City State Zip Code  
Santa Fe NM 87508-2201

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

Name of Employer Occupation  
Daniels Insurance, Inc. Employee Benefits Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45476

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Zachary Stafford

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code  
Baton Rouge LA 70808-6200

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

Name of Employer Occupation  
Besselman & Little Agency Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45692

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

110.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 64  
(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 A Starks

Mailing Address 408 Oakleigh Cir

City State Zip Code  
Brandon MS 39047-5079

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

Name of Employer Benefit Administration Services, Ltd. Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11190-P45943  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
James R Stenger

Mailing Address 381 Victoria Drive

City State Zip Code  
Bridgewater NJ 07936

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

Name of Employer BenefitMall Occupation Director of Business Developme

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1305.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11190-P45956  
Amount of Each Receipt this Period: 170.00  
Payroll Deduction: (\$170.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Marilyn A. Stenger

Mailing Address 381 Victoria Drive

City State Zip Code  
Bridgewater NJ 08807

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

Name of Employer MVS Consulting Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1965.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11190-P45777  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 340.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kirk D. Stoddard		Date of Receipt
	Mailing Address 5237 Barron Park Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	San Jose	CA	95136-2810
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 11188-P45479
Name of Employer Kirk Stoddard & Associates		Occupation Agent/Broker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00	<input type="text"/> 10.00
			Payroll Deduction (\$10.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Rodney Stuart		Date of Receipt
	Mailing Address 9755 Randall Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Indianapolis	IN	46280-2951
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 11188-P45428
Name of Employer Benefit Innovations, LLP		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 100.00
			Payroll Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) James L. Sugden		Date of Receipt
	Mailing Address 544 Wild Ridge Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Lafayette	CO	80026-2583
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 11190-P45957
Name of Employer Employee Benefit Solutions, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 465.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 195.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 64  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 500.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11190-P45958  
Amount of Each Receipt this Period 125.00  
Payroll Deduction (\$125.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
William L Sutherland  
Mailing Address 19126 Kristen Way  
City San Antonio State TX Zip Code 78258-3618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wortham Insurance & Risk Management Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45396  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Frank Todd Taylor  
Mailing Address 11 Millstone Rd  
City Richmond State VA Zip Code 23228-5407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medical Society of Virginia Insurance Occupation Account Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 23 / 2011  
Transaction ID: 11188-P45458  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 310.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 64  
(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)  
Marsha Tellesbo

Mailing Address 22887 NE 127th Way

City State Zip Code  
Redmond WA 98053-5657

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

Name of Employer Occupation  
Tellesbo & Company Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45436

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
David J. Terpening

Mailing Address 424 Avenue E

City State Zip Code  
Redondo Beach CA 90277-5141

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

Name of Employer Occupation  
Dave Terpening Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45467

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mark H. Thomas

Mailing Address 1000 South Ave Ste 101

City State Zip Code  
Staten Island NY 10314-3430

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

Name of Employer Occupation  
McDermott & Thomas Managing Member

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 4 / 0 4 / 2 0 1 1

Transaction ID: 11156

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jennifer L. Toups		Date of Receipt
	Mailing Address 4521 Laurel St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	New Orleans	LA	70115-1538
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11188-P45438
Name of Employer Business Insurance Group		Occupation Director of Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Janet Trautwein		Date of Receipt
	Mailing Address 7212 Redlac Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Clifton	VA	20124-1948
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11190-P45959
Name of Employer NAHU		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00	<input type="text"/> 170.00
			Payroll Deduction (\$170.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Rand R. Wall		Date of Receipt
	Mailing Address 1004 Sugardale Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Sugar Land	TX	77498-2760
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11190-P45950
Name of Employer Lone Star Health Plans, Ltd.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 100.00
			Payroll Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 355.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 55 / 64  
(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)  
Jessica F Waltman  
Mailing Address 2000 14th St N Ste 450

City State Zip Code  
Arlington VA 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 ▼ 340.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11190-P45857  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
M. Hughes Waren  
Mailing Address 1109 Princeton Dr

City State Zip Code  
Wilmington NC 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 ▼ 340.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11190-P45888  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
John L. Warwick  
Mailing Address PO Box 272

City State Zip Code  
Chico CA 95927-0272

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

Name of Employer John Warwick Insurance Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11188-P45324  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 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: (check only one)	PAGE 56 / 64
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dan Webb	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 5251 Office Park Dr	<b>Transaction ID:</b> 11190-P45805
	City State Zip Code Bakersfield CA 93309-0404	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$170.00 Monthly)
Name of Employer The Webb Insurance Group	Occupation Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles L. Westmoreland	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address PO Box 925	<b>Transaction ID:</b> 11188-P45129
	City State Zip Code Jackson MS 39205-0925	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$30.00 Monthly)
Name of Employer American Public Life Insurance Company	Occupation Director of Agency Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Trei Wild	Date of Receipt MM / DD / YYYY 04 / 23 / 2011
	Mailing Address 2745 Dallas Pkwy	<b>Transaction ID:</b> 11188-P45291
	City State Zip Code Plano TX 75093-8731	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
Name of Employer Assurant Employee Benefits	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 64

(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)

Zach J. Wilding

Mailing Address 712 Kingston Cir

City State Zip Code  
Brownsburg IN 46112-8337

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

Name of Employer Occupation  
OneAmerica Sales Representative

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45481

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michael R Williams

Mailing Address 302 S 36th St Ste 105

City State Zip Code  
Omaha NE 68131-3845

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

Name of Employer Occupation  
Williams Deras & Associates Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11188-P45168

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Paula L Wilson

Mailing Address 31930 Daniel Way

City State Zip Code  
Temecula CA 92591-2129

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

Name of Employer Occupation  
Paula Wilson, Inc. Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: 11190-P45939

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 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 58 / 64  
(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)  
Dennis C Woehler

Mailing Address 5318 Westhaven Dr.

City State Zip Code  
Evansville IN 47720-

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

Name of Employer: ONB Insurance Group, Inc. Occupation: Group Benefits Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11188-P45443  
Amount of Each Receipt this Period: 30.00  
Payroll Deduction: (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Rosanne Wolfe

Mailing Address 4600 E Swans Nest Rd

City State Zip Code  
Tucson AZ 85718-6248

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

Name of Employer: Wolfe Insurance & Consultants, LLC Occupation: Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11188-P45472  
Amount of Each Receipt this Period: 30.00  
Payroll Deduction: (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Barbara Wright

Mailing Address 318 Calash Run

City State Zip Code  
Fort Wayne IN 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 ▼ 340.00

Date of Receipt: 04 / 23 / 2011  
Transaction ID: 11188-P45535  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 59 / 64	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial) Dennis E. Wright		Date of Receipt
Mailing Address 318 Calash Run		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/>
City	State	Zip Code
Fort Wayne	IN	46845-2104
FEC ID number of contributing federal political committee.		Transaction ID: 11188-P45329
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer IntraHealth Solutions, In- c.	Occupation President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="590.00"/>	(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="85.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="18803.70"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 11241 Date of Disbursement
	Mailing Address 4701 N Keystone Ave # 100	<input type="text" value="04"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Indianapolis State IN Zip Code 46205	Amount of Each Disbursement this Period
	Purpose of Disbursement Banking Fee	<input type="text" value="359.49"/>
	Candidate Name	<input type="text" value="001"/> 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) Regions Bank	Transaction ID: 11239 Date of Disbursement
	Mailing Address 4701 N Keystone Ave # 100	<input type="text" value="04"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Indianapolis State IN Zip Code 46205	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="12.00"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

C.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 11240 Date of Disbursement
	Mailing Address 4701 N Keystone Ave # 100	<input type="text" value="04"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Indianapolis State IN Zip Code 46205	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="2845.98"/>
	Candidate Name	<input type="text" value="001"/> 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3217.47"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3217.47"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN</b>	<b>Transaction ID: 11159</b> Date of Disbursement 04 / 05 / 2011	
	Mailing Address PO Box 12612		
	City San Antonio State TX Zip Code 78212	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Dinner 4.5	011	Category/Type
	Candidate Name CHARLES A. GONZALEZ		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
	State: TX District: 20	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JEB HENSARLING</b>	<b>Transaction ID: 11203</b> Date of Disbursement 04 / 28 / 2011	
	Mailing Address PO Box 820504		
	City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement Contribution	011	Category/Type
	Candidate Name JEB HON. HENSARLING		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
	State: TX District: 05	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>GUTHRIE FOR CONGRESS</b>	<b>Transaction ID: 11166</b> Date of Disbursement 04 / 15 / 2011	
	Mailing Address PO Box 9639		
	City Bowling Green State KY Zip Code 42102	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Breakfast 4.15	011	Category/Type
	Candidate Name S. BRETT GUTHRIE		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
	State: KY District: 02	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

**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)

<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) HEATH SHULER FOR CONGRESS	Transaction ID: 11169 Date of Disbursement																			
	Mailing Address PO Box 8446	<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>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	1	1												
	City Asheville State NC Zip Code 28814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name JOSEPH HEATH SHULER	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS	Transaction ID: 11242 Date of Disbursement																			
	Mailing Address PO Box 2720	<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>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	1	1												
	City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name DAVID WAYNE LOEBSACK	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE	Transaction ID: 11164 Date of Disbursement																			
	Mailing Address PO Box 3370	<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>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	1												
	City Palm Springs State CA Zip Code 92263	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lunch 4.13	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name MARY BONO MACK	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>3500.00</td></tr></table>	3500.00
3500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement Luncheon 4.14</p> <p>Candidate Name PETER ROSKAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 06</p>	<p><b>Transaction ID:</b> 11167</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS</p> <p>Mailing Address P.O. BOX 24551</p> <p>City PITTSBURGH State PA Zip Code 15234</p> <p>Purpose of Disbursement Breakfast 4.6</p> <p>Candidate Name TIM MURPHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 18</p>	<p><b>Transaction ID:</b> 11160</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS</p> <p>Mailing Address P. O. Box 48928</p> <p>City Sarasota State FL Zip Code 34230</p> <p>Purpose of Disbursement BBQ 4.13</p> <p>Candidate Name VERNON BUCHANAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 13</p>	<p><b>Transaction ID:</b> 11165</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

**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 64 / 64

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS Mailing Address PO Box 1091 City Hood River State OR Zip Code 97031 Purpose of Disbursement Dinner 4.12 Candidate Name GREGORY P MR. WALDEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11168 Date of Disbursement 04 / 12 / 2011
	Amount of Each Disbursement this Period 1500.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE Mailing Address P.O. BOX 391 City HOPKINSVILLE State KY Zip Code 42241 Purpose of Disbursement Contribution Candidate Name ED WHITFIELD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11163 Date of Disbursement 04 / 12 / 2011
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2500.00

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

11500.00