

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2000 14TH ST  
 Check if different than previously reported. (ACC)  
ARLINGTON VA 22201

2. **FEC IDENTIFICATION NUMBER** C00283135  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2010 through 01 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jennifer Murphy  
Signature of Treasurer Electronically Filed by Jennifer Murphy Date 02 02 2010

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		188966.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	188966.64									
(c) Total Receipts (from Line 19) .....	58122.18	58122.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	247088.82	247088.82								
7. Total Disbursements (from Line 31) .....	28560.18	28560.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	218528.64	218528.64								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	27360.00	27360.00
(ii) Unitemized .....	30758.67	30758.67
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	58118.67	58118.67
(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) .....	58118.67	58118.67
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.) .....	3.51	3.51
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)) .....	58122.18	58122.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58122.18	58122.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1225.18	1225.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1225.18	1225.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25800.00	25800.00
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 .....	1535.00	1535.00
(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)) .....	1535.00	1535.00
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))..	28560.18	28560.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28560.18	28560.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	58118.67	58118.67
34. Total Contribution Refunds (from Line 28(d)) .....	1535.00	1535.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56583.67	56583.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1225.18	1225.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1225.18	1225.18

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22  
(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)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daniel H. Abrams</p> <p>Mailing Address 30012 Ivy Glenn Dr</p> <p>City State Zip Code  <u>Laguna Niguel</u> CA 92677-5005</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Abrams California Health Insurance Ag</p> <p>Occupation Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 1 8 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 9547</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) David M. Banet</p> <p>Mailing Address 45 Dowlin Forge Rd</p> <p>City State Zip Code  <u>Exton</u> PA 19341-1548</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer David M. Banet &amp; Associates, Inc.</p> <p>Occupation Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 1 8 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 9549</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas Besselman</p> <p>Mailing Address 6421 Perkins Rd Bldg A # 2B</p> <p>City State Zip Code  <u>Baton Rouge</u> LA 70808-6200</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Besselman &amp; Little Agency</p> <p>Occupation Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 9580-P27910</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Payroll Deduction  (\$250.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 22
	<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) Wayne Blasman		Date of Receipt
	Mailing Address 720 Clear Haven Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Oak Park	CA	91377-3802
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9590-P28776
Name of Employer Bridgeport Benefits 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 ▼ 2500.00	<input type="text"/> 2500.00
			Payroll Deduction  (\$2500.00 Annually)

<b>B.</b>	Full Name (Last, First, Middle Initial) Robin K Carpenter		Date of Receipt
	Mailing Address 8706 Dalby Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Bakersfield	CA	93313-4214
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9586
Name of Employer TWIW Insurance Services, LLC		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 ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ken Chapman		Date of Receipt
	Mailing Address PO Box 996		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Killeen	TX	76540-0996
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9585
Name of Employer BKCW Insurance Agency		Occupation Licensed Consultant	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 ▼ 360.00	<input type="text"/> 360.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3110.00
<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 8 / 22  
(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 M Cosley  
Mailing Address 25821 Tulip Grove St  
City Stevenson Ranch State CA Zip Code 91381-1823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SCI & Associates Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 25 / 2010  
Transaction ID: 9590-P28775  
Amount of Each Receipt this Period 250.00  
Payroll Deduction (\$250.00 Annually)

**B.** Full Name (Last, First, Middle Initial)  
Jim Daubert  
Mailing Address 9121 Pioneer Ct  
City Lincoln State NE Zip Code 68520-9305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Daubert and Butler Associates Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 22 / 2010  
Transaction ID: 9576  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Marcia A. Fender  
Mailing Address 36417 E 121st St S  
City Coweta State OK Zip Code 74429-3780  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rogers Benefit Group Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 22 / 2010  
Transaction ID: 9579  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00  
**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 9 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey R Fishback  
Mailing Address 736 Johnson Ferry Rd  
City Marietta State GA Zip Code 30068-4379  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Purchasing Alliance Solutions, Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 28 / 2010  
Transaction ID: 9619  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Donald W. Goldmann  
Mailing Address 6615 E Kings Crown Rd  
City Orange State CA Zip Code 92869-4385  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Word & Brown Occupation VP of National Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 25 / 2010  
Transaction ID: 9589  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
James W Greth  
Mailing Address 473 Hanward Dr.  
City Arcadia State CA Zip Code 91007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Word & Brown Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 25 / 2010  
Transaction ID: 9590-P28779  
Amount of Each Receipt this Period 500.00  
Payroll Deduction (\$500.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<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) Christopher S. Harrison		Date of Receipt MM / DD / YYYY 01 / 22 / 2010		
	Mailing Address 415 Thorncliff Dr		<b>Transaction ID:</b> 9580-P28115		
	City Fayetteville	State NC	Zip Code 28303-5221	Amount of Each Receipt this Period 410.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction (\$410.00 Monthly)		
	Name of Employer Ebenconcepts Company	Occupation President		Aggregate Year-to-Date 410.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joe Hart		Date of Receipt MM / DD / YYYY 01 / 28 / 2010		
	Mailing Address 5725 Marconi Ave Ste B		<b>Transaction ID:</b> 9602		
	City Carmichael	State CA	Zip Code 95608-4476	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer Parisi Insurance Agency	Occupation Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carol T Hayes		Date of Receipt MM / DD / YYYY 01 / 14 / 2010		
	Mailing Address 2330 Barrett Cottage Pl		<b>Transaction ID:</b> 9533		
	City Marietta	State GA	Zip Code 30066-4993	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer Purchasing Alliance Solutions, Inc.	Occupation VP - Brokerage Services		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2410.00
<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 11 / 22  
(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)  
Carol T Hayes

Mailing Address 2330 Barrett Cottage Pl

City State Zip Code  
Marietta GA 30066-4993

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation VP - Brokerage Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2010

Transaction ID: 9599

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Judith A Hayes

Mailing Address 1802 W Crescent Dr

City State Zip Code  
Odessa TX 79761-1566

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

Name of Employer Hayes Insurance Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

Transaction ID: 9535

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Bruce M. Jugan

Mailing Address 332 N Bonhill Rd

City State Zip Code  
Los Angeles CA 90049-2322

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

Name of Employer Benefitscfe.com, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2010

Transaction ID: 9590-P28768

Amount of Each Receipt this Period  
1000.00

Payroll Deduction  
(\$1000.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2365.00**

**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 12 / 22		
	<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

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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) Alan S Katz		Date of Receipt
	Mailing Address 8033 W Sunset Blvd # 982		<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 1 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Los Angeles	CA	90046-2401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9541
Name of Employer Insurance Neighborhood		Occupation 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"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Philip Lebherz		Date of Receipt
	Mailing Address 1600 W Hillsdale Blvd		<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 1 / 2 9 / 2 0 1 0
	City	State	Zip Code
	San Mateo	CA	94402-3768
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9603
Name of Employer Lebherz Insurance Services, 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 ▼	<input type="text"/> 5000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Bernie J. Mackell		Date of Receipt
	Mailing Address 3207 Charles Ln		<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 1 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Mound	MN	55364-9320
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9551
Name of Employer Mactavish School Benefits, Inc.		Occupation 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"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 6500.00
<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 13 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Richard K Manning  
Mailing Address 11365 Baird Ave  
City Northridge State CA Zip Code 91326-2105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Accessible Health Insurance Services Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 25 / 2010  
Transaction ID: 9590-P28773  
Amount of Each Receipt this Period 500.00  
Payroll Deduction (\$500.00 Annually)

**B.** Full Name (Last, First, Middle Initial)  
Marie Rosa Martinelli  
Mailing Address 11661 San Vicente Blvd Ste 200  
City Los Angeles State CA Zip Code 90049-5110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Student Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 26 / 2010  
Transaction ID: 9594  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph P Navarro  
Mailing Address 4044 Cliffrose Ave  
City Moorpark State CA Zip Code 93021-2907  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boomer Break LLC & An Agents Agent Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 25 / 2010  
Transaction ID: 9590-P28771  
Amount of Each Receipt this Period 1000.00  
Payroll Deduction (\$1000.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mark M. Newbold  
Mailing Address 944 E 18th Ave  
City Spokane State WA Zip Code 99203-3404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Corkery & Jones Benefits, Inc. Occupation: agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 01 / 22 / 2010  
Transaction ID: 9565  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mark M. Newbold  
Mailing Address 944 E 18th Ave  
City Spokane State WA Zip Code 99203-3404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Corkery & Jones Benefits, Inc. Occupation: agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt: 01 / 22 / 2010  
Transaction ID: 9566  
Amount of Each Receipt this Period: 500.00

**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 ▼ 350.00  
Date of Receipt: 01 / 22 / 2010  
Transaction ID: 9580-P28068  
Amount of Each Receipt this Period: 350.00  
Payroll Deduction: (\$350.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<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) Jill Ratke		Date of Receipt
	Mailing Address PO Box 12119		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Scottsdale	AZ	85267-2000
	FEC ID number of contributing federal political committee.		Transaction ID: 9580-P27959
		Amount of Each Receipt this Period	
		<input type="text"/> 360.00	
Name of Employer Agency Resource Group		Occupation Regional Sales Rep	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	(\$360.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy S. Thompson		Date of Receipt
	Mailing Address 2609 NW Cascade St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Camas	WA	98607-8008
	FEC ID number of contributing federal political committee.		Transaction ID: 9537
		Amount of Each Receipt this Period	
		<input type="text"/> 365.00	
Name of Employer Biggs Insurance Services		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul J. Wallace		Date of Receipt
	Mailing Address 146 New Hackensack Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Wappingers Falls	NY	12590-1718
	FEC ID number of contributing federal political committee.		Transaction ID: 9546
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer Commercial Coverage, Inc.		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 975.00
<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 16 / 22
	(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)  
Daniel T. Wheeler

Mailing Address 5721 E 118th St

City State Zip Code  
Tulsa OK 74137-8512

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

Name of Employer  
Plan Benefit Analysts of  
Tulsa, Inc.

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2010

Transaction ID: 9542

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Lon G. Wilson

Mailing Address 4240 Tahoe Dr

City State Zip Code  
Anchorage AK 99502-1460

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

Name of Employer  
The Wilson Agency, LLC

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2010

Transaction ID: 9564

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	27360.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9614 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX FEE	<input type="text" value="183.44"/>
	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) American Express	Transaction ID: 9617 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX Collection	<input type="text" value="4.95"/>
	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) Merchant Services	Transaction ID: 9615 Date of Disbursement
	Mailing Address 7300 Chapman Way	<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement FEE	<input type="text" value="873.08"/>
	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="1061.47"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 18 / 22

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement

Analysis Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 9618

Date of Disbursement

01 / 01 / 2010

Amount of Each Disbursement this Period

163.71

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

163.71

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

1225.18

**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) CARPER FOR SENATE</p> <p>Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR</p> <p>City NEW CASTLE State DE Zip Code 19720</p> <p>Purpose of Disbursement Event 1.27</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9570 <b>Date of Disbursement</b> 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CARPER FOR SENATE</p> <p>Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR</p> <p>City NEW CASTLE State DE Zip Code 19720</p> <p>Purpose of Disbursement Event 1.27</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9571 <b>Date of Disbursement</b> 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 3800.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK</p> <p>Mailing Address PO Box 750114</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOE HECK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9559 <b>Date of Disbursement</b> 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

7300.00

**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) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: 9561 Date of Disbursement 01 / 20 / 2010
	Mailing Address 425 SECOND STREET NE	Amount of Each Disbursement this Period 15000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SANDY ADAMS FOR CONGRESS	Transaction ID: 9560 Date of Disbursement 01 / 20 / 2010
	Mailing Address PO BOX 1566	Amount of Each Disbursement this Period 1000.00
	City ORLANDO State FL Zip Code 32802	
	Purpose of Disbursement Contribution Candidate Name SANDY ADAMS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE	Transaction ID: 9530 Date of Disbursement 01 / 12 / 2010
	Mailing Address PO BOX 395	Amount of Each Disbursement this Period 2500.00
	City WRENTHAM State MA Zip Code 02093	
	Purpose of Disbursement Campaign Candidate Name SCOTT P BROWN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	18500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25800.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol T Hayes  Mailing Address 2330 Barrett Cottage Pl  City Marietta State GA Zip Code 30066  Purpose of Disbursement contribution refunded Candidate Name Carol T Hayes  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 9596 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Jill Ratke  Mailing Address PO Box 12119  City Scottsdale State AZ Zip Code 85267  Purpose of Disbursement contribution refunded Candidate Name Jill Ratke  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 9583 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 335.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Mark M. Newbold  Mailing Address 944 E 18th Ave  City Spokane State WA Zip Code 99203  Purpose of Disbursement contribution refunded Candidate Name Mark M. Newbold  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 9569 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 150.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1485.00
<b>TOTAL</b> This Period (last page this line number only) .....	

