

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

Check if different than previously reported. (ACC)

Washington

DC

20044

7135

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

NEW (N) OR

X

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 (12S)

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

04

01

2005

through

06

30

2005

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

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

10

21

2005

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. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: ^M04 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period	44564.64	
(c) Total Receipts (from Line 19)	44014.59	126667.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88579.43	157683.79
<hr/>		
7. Total Disbursements (from Line 31)	77376.90	146481.26
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11202.53	11202.53
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: ^M04 ⁻01 ⁻2005 To: ^M06 ⁻30 ⁻2005

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)	19622.00	54689.00
(ii) Unitemized	24192.59	71978.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))	44014.59	126667.18
(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)	44014.59	126667.18
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.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44014.59	126667.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44014.59	126667.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4376.90	14731.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4376.90	14731.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73000.00	131750.00
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	0.00
(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	0.00
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 ActMty (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))..	77376.90	146481.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	77376.90	146481.26

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	44014.59	126667.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44014.59	126667.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4376.90	14731.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4376.90	14731.26

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

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

FOR LINE NUMBER: PAGE 6 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 10012285
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. Ronald S. Buffum		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10010499
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Patrice Goldfarb		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011849
City Rochelle Park	State NJ	Zip Code 07862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The Employee Benefits Ad- visors Group Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Michael R. Goss		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 10013022
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael D. Gray		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10010398
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 840.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Donna D. Hill		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PO Box 724		Transaction ID: 10010129
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 8/121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. T. Darlene Kaczmarek		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 10010441
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Brian W. Liechty		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 10011549
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Wesley P. Moore		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address P O Box 804		Transaction ID: 10010484
City Darlington	State SC	Zip Code 29540-0804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 9 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. John C. Parker		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 10010221
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph K. Roberts		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10011075
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Matlyn A. Van Sant		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 271 Route 46 West, Suite G208		Transaction ID: 10011658
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Elizabeth Ashmore		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 7808 University Avenue, Suite B		Transaction ID: 10009269
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Thomas M Evans		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 10009242
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midlands	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. David L. Fear		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 10009155
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distribution Division	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Bruce L. Gardner		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 10009764
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investments	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard L Hill		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 10010083
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Larry Kaczmarek		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 10009844
City Ravenna	State OH	Zip Code 44268-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Inc.	Occupation President	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Michael Kiefan		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PD Box 45279		Transaction ID: 10009051
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Sharon L. McDermott		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 21425 Chancellor Road		Transaction ID: 10009093
City Elkhorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. William T. Robinson		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address Office: 1276 No Palm Canyon Dr, #2 MAIL: 100 South Sunrise Way, PMB 3		Transaction ID: 10009733
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Stephen J. Salzman		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PD Box 4252		Transaction ID: 10009457
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1040.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gerald G. Hutman		Date of Receipt M / D / Y 04 / 22 / 2005
Mailing Address PD Box 5716		Transaction ID: 10009124
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Insurance Network America Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 530.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Keny D. Aldridge		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 10012681
City Lexington	State KY	Zip Code 40505-5200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	590.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. David Ayre		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 8340 South 3000 East, # 500		Transaction ID: 10011034
City	State	Zip Code
Salt Lake City	UT	84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Andrew F. Biemat		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10012856
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Tracy Quirk Bradford		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 10012288
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Health Insurance Agent	410.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Susan T. Cook		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 10012469
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) B. Christopher J. Delaney		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 150 Wells Avenue		Transaction ID: 10010235
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Gerard R. Gershonowitz		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 980 Broadway, Suite 608		Transaction ID: 10010828
City Thomwood	State NY	Zip Code 10564-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Patrice Goldfarb		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011850
City Rochelle Park	State NJ	Zip Code 07862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer The Employee Benefits Advisors Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen A. Grim		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address P O Box 11D5		Transaction ID: 10012167
City Virginia Beach	State VA	Zip Code 23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cristy Russell Gupton		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 10013078
City Morganton	State NC	Zip Code 28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Management	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Christopher S. Hamison		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10011962
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Thomas M. Hute		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 10010823
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Robert Huffaker		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address PO Box 6217		Transaction ID: 10011797
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Randy C. Joppie		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 10010184
City	State	Zip Code
Belding	MI	48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Health Insurance Agent	440.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark D. Kennedy		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 10010648
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Ross W. Kraft		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10012862
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Cheryl Lombardi		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 10012559
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Linda Mackey		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PO Box 1001		Transaction ID: 10011638
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dale W. Maloney		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 10010849
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Susan Maley Rash		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 210B West Laburnum Avenue, Suite 3		Transaction ID: 10010309
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Aline H. Roberts		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 10010123
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. James D. Schutz		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10010719
City Lincoln	State NE	Zip Code 68518-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	215.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Carol A. Steele		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd, City Akron State OH Zip Code 44333-9204		Transaction ID: 10010987
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. James F. Summers		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 8420 West Dodge Road, Suite 510 City Omaha State NE Zip Code 68114-3432		Transaction ID: 10012120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Donald B. Thompson		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200 City Louisville State KY Zip Code 40223-4207		Transaction ID: 10010408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PD Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10011453
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Peter Vinton		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 9480 Deercoo Road		Transaction ID: 10010808
City Timonium	State MD	Zip Code 21069-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. John L. Warwick		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PD Box 272		Transaction ID: 10010850
City Chico	State CA	Zip Code 95927-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Dennis E. Wright		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10011696
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dennis E. Wright		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10011697
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert J. Bishop		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 10010018
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 338.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	174.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Dorothy M. Cociu		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address PD Box 1941		Transaction ID: 10009368
City Big Bear Lake	State CA	Zip Code 92315-1841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Rush David Dixon		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 10009223
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Charles T. Garton		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address PD Box 1268		Transaction ID: 10009815
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Gerald G Hutman		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PD Box 5716		Transaction ID: 10009125
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 545.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David S Johnson		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 10009164
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas G Kaufman		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1875 Willow Street, Suite P		Transaction ID: 10013234
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 255.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. John P. May		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 10009746
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 660.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey R. Miles		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 520 Washington Blvd, Suite 801		Transaction ID: 10009107
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jesse A. Patton		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 10009257
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 900.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	385.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 27 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. James E. Price		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 10009346
City Fresno	State CA	Zip Code 93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jon C Reuser		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 10009653
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Reuser Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alexander G. Reynolds		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 10009009
City Birmingham	State AL	Zip Code 35216-1280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 285.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Raymer M. Sale		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 10009979
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EZE Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Scott A. Shalek		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address PO Box 67 8817 Barnard Mill Rd.		Transaction ID: 10009188
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. James R. Stanger		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 288 South Street		Transaction ID: 10009830
City Morristown	State NJ	Zip Code 07980-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 860.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Tom Votter		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 10009798
City Lafayette	State LA	Zip Code 70503-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physician's Mutual Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Greg A. Yoder		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10009679
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert A ZIM		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 10009827
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Benefits Corp	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 10012287
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Ronald S. Buffum		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10010500
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PO Box 30275		Transaction ID: 10011145
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Patrice Goldfarb		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011851
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The Employee Benefits Advisors Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 370.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael R. Goss		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 10013023
City Boise	State ID	Zip Code 83705-5138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael D. Gray		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10010399
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1040.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Lisa Hellman		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 2735 Bordeaux Blvd		Transaction ID: 10011651
City	State	Zip Code
Cumming	GA	30041-8063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Donna D. Hill		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PO Box 724		Transaction ID: 10010130
City	State	Zip Code
Snelville	GA	30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. T. Darlene Kaczmarek		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 10010442
City	State	Zip Code
Ravenna	OH	44268-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 660.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 33 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Brian W. Liechty		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 10011550
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wesley P. Moore		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 10010485
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 520.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John C. Parker		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 10010222
City Niantic	State CT	Zip Code 06357-1538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Joseph K. Roberts		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10011076
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 660.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10011454
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Matlyn A. Van Sant		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 271 Route 46 West, Suite G208		Transaction ID: 10011659
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Charles G. Wagner		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PD Box B		Transaction ID: 10012019
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 7606 University Avenue, Suite B		Transaction ID: 10009270
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas M Evans		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 10009243
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midlands	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 36 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. David L. Fear		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 10009156
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distribut- ion Division Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Bruce L. Gardner		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 10009765
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investments Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Timothy Hendricks		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 1805 S Eucalyptus Ave		Transaction ID: 10009284
City Broken Arrow	State OK	Zip Code 74012-5508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	185.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Richard L Hill		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 10010084
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Larry Kaczmarek		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 2833 State Route 68, Suite B		Transaction ID: 10009845
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Inc.	Occupation President	520.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Michael Keenan		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PO Box 45279		Transaction ID: 10009052
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 38 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Sharon L. McDermott		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 21425 Chancellor Road		Transaction ID: 10009094
City Elkhorh	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation Health Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. William T. Robinson		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address Office: 1276 No Palm Canyon Dr, #2 MAIL: 100 South Sunrise Way, PMB 3		Transaction ID: 10009734
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Stephen J. Salemon		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PO Box 4252		Transaction ID: 10009458
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	1050.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Charles L Westmoreland		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PD Box B25		Transaction ID: 10009640
City Jackson	State MS	Zip Code 39205-0825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Company	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. John P. May		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 10009747
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -160.00
Name of Employer May Insurance Services, Inc.	Occupation Health Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Keny D. Aldridge		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 10012882
City Lexington	State KY	Zip Code 40505-5200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	420.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	-30.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 40 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. David Ayre		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 8340 South 3000 East, # 500		Transaction ID: 10011035
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Andrew F. Biemat		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10012857
City Utica	State NY	Zip Code 13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Tracy Quirk Bradford		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 10012288
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Health Insurance Agent	490.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts TN's Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 41 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Susan T. Cook		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 10012470
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) B. Gerard R. Gershonowitz		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 890 Broadway, Suite 808		Transaction ID: 10010829
City Thornwood	State NY	Zip Code 10594-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Patrice Goldfarb		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011852
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer The Employee Benefits Advisors Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 42 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Stephen A. Grim		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address P O Box 1105		Transaction ID: 10012168
City Virginia Beach	State VA	Zip Code 23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Cristy Russell Gupton		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 10013079
City Morganton	State NC	Zip Code 28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Management	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Christopher S. Hanson		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10011363
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 43 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Thomas M. Harte		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 10010824
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Gloria D. Hopper		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 840D Fairview Road		Transaction ID: 10010875
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Robert Huffaker		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PO Box 6217		Transaction ID: 10011798
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts TN's Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Randy C. Joppie		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 10010185
City	State	Zip Code
Belding	MI	48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Health Insurance Agent	540.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark D. Kennedy		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 10010649
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Ross W. Kraft		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10012863
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 45 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Cheryl Lombardi		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 10012560
City State Zip Code Walnut Creek CA 94596-4536	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Maurice Lyons		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 10012068
City State Zip Code New York NY 10017-8103	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Linda Mackey		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PO Box 1001		Transaction ID: 10011839
City State Zip Code Tyrone GA 30290-1001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 46 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Dale W. Maloney		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 10010950
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Susan Moley Rash		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 10010310
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Althe H. Roberts		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 10010124
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 47 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Mel A. Schlesinger		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 30100		Transaction ID: 10010454
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Rainmakers Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. James D. Schulz		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10010720
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Bob G Shupe		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 2344		Transaction ID: 10010151
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 48 / 121

(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Carol A. Steele		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd, City Akron State OH Zip Code 44333-9204		Transaction ID: 10010988
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Burley W. Strader		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042 City Winston Salem State NC Zip Code 27114-4042		Transaction ID: 10010230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MedCost Benefit Services, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. James F. Summers		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 8420 West Dodge Road, Suite 510 City Omaha State NE Zip Code 68114-3432		Transaction ID: 10012121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 48 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Donald B. Thompson		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 10010407
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	750.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10011455
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Peter Vinton		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 9480 Deereco Road		Transaction ID: 10010809
City Timonium	State MD	Zip Code 21063-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. M. Hughes Warren		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address P.O. Box 7861		Transaction ID: 10011224
City Wilmington	State NC	Zip Code 28406-7861
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. John L. Warwick		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PO Box 272		Transaction ID: 10010851
City Chico	State CA	Zip Code 95927-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

Full Name (Last, First, Middle Initial) C. Steven L. Wilson		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 10011202
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 51 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Dennis E. Wright		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10011698
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 430.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dennis E. Wright		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10011699
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert J. Bishop		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 10010019
City Las Vegas	State NV	Zip Code 89121-5623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	174.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 52 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Dorothy M. Cociu		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 1941		Transaction ID: 10009369
City Big Bear Lake	State CA	Zip Code 92315-1841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Carol A. Cutler		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 824 Griffin Road, Suite B		Transaction ID: 10009696
City Indianapolis	State IN	Zip Code 46227-8504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Rush David Dixon		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 10009224
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 63 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Steve H. Dodder		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 2089		Transaction ID: 10009820
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Charles T. Garden		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 1268		Transaction ID: 10009816
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael A. Guscott		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 400 Berwyn Park, Suite 200 898 Cassatt Road		Transaction ID: 10009824
City Berwyn	State PA	Zip Code 19312-1174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kiskler Tiffany Benefits Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 54 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Gerald G. Hartman		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 5716		Transaction ID: 10009126
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 560.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jaime D. Hernandez		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 10009375
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardaz Financial & Insurance Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 10009165
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 55 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Thomas G Kaufman		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1875 Willow Street, Suite P		Transaction ID: 10013235
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey R. Miles		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 520 Washington Blvd, Suite 801		Transaction ID: 10009108
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jesse A. Patton		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 10009258
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1125.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	390.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. James E. Price		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 5700 North West Avenue		Transaction ID: 10009347
City Fresno	State CA	Zip Code 93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jon C Reuser		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 10009854
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Reuser Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alexander G. Reynolds		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1770 Independence Court, Suite 120		Transaction ID: 10009010
City Birmingham	State AL	Zip Code 35210-1280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 295.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 57 / 121
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Raymer M. Sale		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 10009980
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EZE Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Scott A. Shalak		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PO Box 67 8817 Barnard Mill Rd.		Transaction ID: 10009189
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalak Financial Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Tameka L. Southern		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 381 Casa Linda Plaza Box 303		Transaction ID: 10010005
City Dallas	State TX	Zip Code 75218-5423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. James R. Stenger		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 288 South Street		Transaction ID: 10009931
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1060.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tom Veiter		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 10009799
City Lafayette	State LA	Zip Code 70503-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physician's Mutual Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Greg A. Yoder		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10009680
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	390.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Robert A Ziff		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 10009828
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avanill Benefits Corp	Occupation Health Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Stephen D. Andersen		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10010727
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefi- ts	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Tracy Quirk Bradford		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 886 Ridgeway Loop Road, Suite 200		Transaction ID: 10012289
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	530.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Ronald S. Buffum		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10010501
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	310.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Linda K. Friedrich		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PO Box 30275		Transaction ID: 10011146
City Lincoln	State NE	Zip Code 68509-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Patrice Goldfarb		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011853
City Rochelle Park	State NJ	Zip Code 07862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The Employee Benefits Advisors Group	Occupation Health Insurance Agent	445.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 61 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Michael R. Goss		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 10013024
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael D. Gray		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10010400
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lisa Helmen		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2735 Bordeaux Blvd		Transaction ID: 10011852
City Cumming	State GA	Zip Code 30041-8083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 121
(check only one)
 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Donna D. Hill		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PD Box 724		Transaction ID: 10010131
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Suzanne K. Johnson		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 8235 Morrison Boulevard, Suite 302		Transaction ID: 10010164
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employees Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. T. Darlene Kaczmarek		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 10010443
City Ravenna	State OH	Zip Code 44268-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 780.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 63 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Brian W. Liechty		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 10011551
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David R. Moore		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PO Box 1006		Transaction ID: 10010355
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wesley P. Moore		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address P O Box 804		Transaction ID: 10010488
City Darlington	State SC	Zip Code 29540-0804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 64 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. John C. Parker		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 10010223
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph K. Roberts		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10011077
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10011458
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 65 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Marilyn A. Van Sant		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 271 Route 46 West, Suite G206		Transaction ID: 10011660
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles G. Wagner		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PO Box 9		Transaction ID: 10012020
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 7806 University Avenue, Suite B		Transaction ID: 10009271
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 66 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. David A Berman		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: 10009264
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Nesce Lukens Holding Company, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 260.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. D. Bailey Calvin		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PO Box 101422		Transaction ID: 10009016
City Anchorage	State AK	Zip Code 99510-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Russell B. Childers		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PO Box 1547		Transaction ID: 10009803
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 205.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Eugene D. Ebersole		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 10009894
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Thomas M Evans		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 10009244
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midlands Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. David L. Fear		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 10009157
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on Division Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 430.00	

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Bruce L. Gardner		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 10009766
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investments	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Timothy Hendricks		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 1605 S Eucalyptus Ave		Transaction ID: 10009285
City Broken Arrow	State OK	Zip Code 74012-5806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard L Hill		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 10010085
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Larry Kaczmarek		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 10009846
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Inc.	Occupation President	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Kielan		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PO Box 45279		Transaction ID: 10009053
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2837 South 158th Plaza, Suite 200		Transaction ID: 10009320
City Omaha	State NE	Zip Code 68130-1789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Sharon L. McDermott		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 21425 Chancellor Road		Transaction ID: 10009095
City Elkhorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William T. Robinson		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address Office: 1276 No Palm Canyon Dr, #2 MAIL: 100 South Sunrise Way, PMB 3		Transaction ID: 10009735
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen J. Salemon		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PO Box 4252		Transaction ID: 10009459
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1080.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 71 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Charles L Westmoreland		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PD Box B25		Transaction ID: 10009641
City Jackson	State MS	Zip Code 39205-0825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Company	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Janet Trautwein		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 200D 14TH Street Suite 450		Transaction ID: 10013195
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer National Association of Health Underw	Occupation Executive Vice President & CEO	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. C Gibbs Smith		Date of Receipt M / D / Y 06 / 06 / 2005
Mailing Address PD Box 150802		Transaction ID: 10009115
City Nashville	State TN	Zip Code 37215-0802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Benefit Programs Inc	Occupation Health Insurance Agent	750.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts TN's Page (optional)	840.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 72 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Terri Dumas Adams		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 1290		Transaction ID: 10010904
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kerry D. Aldridge		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 10012683
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Aye		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 6340 South 3000 East # 500		Transaction ID: 10011038
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 73 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Thomas R. Beking		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 10010877
City	State	Zip Code
Edmond	OK	73013-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marketing Ser Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Andrew F. Biemat		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10012858
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New Yor- k, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Treay Quirk Bradford		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 10012290
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 570.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Susan T. Cook		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 10012471
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Christopher J. Delaney		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 150 Wells Avenue		Transaction ID: 10010236
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Gerard R. Gershonowitz		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 980 Broadway, Suite 608		Transaction ID: 10010830
City Thomwood	State NY	Zip Code 10564-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 75 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Patrice Goldfarb		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011854
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer The Employee Benefits Adv- isors Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 470.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen A. Grim		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address P O Box 11D5		Transaction ID: 10012169
City Virginia Beach	State VA	Zip Code 23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cristy Russell Gupton		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 10013080
City Morganton	State NC	Zip Code 28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Manage- ment	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 76 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Christopher S. Hamison		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10011964
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas M. Hute		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 10010825
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gloria D. Hopper		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 6400 Fairview Road		Transaction ID: 10010878
City Charlotte	State NC	Zip Code 28210-5237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 77 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Robert Huffaker		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 6217		Transaction ID: 10011799
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Randy C. Joppie		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 696B Blue Hummingbird Way		Transaction ID: 10010186
City Belding	State MI	Zip Code 48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark D. Kennedy		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1173 Brittnoare Road		Transaction ID: 10010650
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	270.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 121

(check only one)

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Ross W. Kraft		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10012864
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Cheryl Lombardi		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 10012861
City	State	Zip Code
Walnut Creek	CA	94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Linda Mackey		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PO Box 1001		Transaction ID: 10011840
City	State	Zip Code
Tyrone	GA	30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Dale W. Maloney		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 10010951
City	State	Zip Code
Maitland	FL	32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 660.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan Maloy Rash		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 10010311
City	State	Zip Code
Richmond	VA	23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alne H. Roberts		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 10010125
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation President	Aggregate Year-to-Date ▼ 610.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 80 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Mel A. Schlesinger		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 30100		Transaction ID: 10010455
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Rainmakers Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. James D. Schulz		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10010721
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Bob G Shupe		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 2344		Transaction ID: 10010152
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts TN's Page (optional)	160.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 81 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Carol A. Steele		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd, City Akron State OH Zip Code 44333-9204		Transaction ID: 10010989
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Burley W. Strader		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042 City Winston Salem State NC Zip Code 27114-4042		Transaction ID: 10010231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MedCost Benefit Services, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James F. Summers		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 8420 West Dodge Road, Suite 510 City Omaha State NE Zip Code 68114-3432		Transaction ID: 10012122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 82 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Donald B. Thompson		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 10010408
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10011457
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Albert J. Travaas		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 10012547
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 83 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Peter Vinton		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 10010910
City Timonium	State MD	Zip Code 21083-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. M. Hughes Warren		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address P.O. Box 7661		Transaction ID: 10011225
City Wilmington	State NC	Zip Code 28406-7661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John L. Warwick		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PO Box 272		Transaction ID: 10010852
City Chico	State CA	Zip Code 95527-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 84 / 121

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Steven L. Wilson		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 10011203
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dennis E. Wright		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10011700
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dennis E. Wright		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10011701
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 85 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Robert J Bishop		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 10010020
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KIA Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 504.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dorothy M. Coeiu		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PO Box 1941		Transaction ID: 10009370
City Big Bear Lake	State CA	Zip Code 92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carol A. Gutter		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 624 Griffin Road, Suite B		Transaction ID: 10009697
City Indianapolis	State IN	Zip Code 46227-6504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	204.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 86 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Rush David Dixon		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 10009225
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steve H. Dodder		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PO Box 2069		Transaction ID: 10009821
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles T. Garton		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PO Box 1268		Transaction ID: 10009817
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 87 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Michael A. Guscott		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 400 Berwyn Park, Suite 200 889 Cassatt Road		Transaction ID: 10009925
City Berwyn	State PA	Zip Code 19312-1174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kistler Tiffany Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Gerald G. Hutman		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PO Box 5716		Transaction ID: 10009127
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Jaime D. Hernandez		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 10009378
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardex Financial & Insurance Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 88 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. David S Johnson		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 10009166
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Thomas G Kaufman		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1675 Willow Street, Suite P		Transaction ID: 10013236
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Jesse A. Patton		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 10009259
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. James E. Price		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 5700 North West Avenue		Transaction ID: 10009348
City Fresno	State CA	Zip Code 93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jon C Reuser		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 10009855
City Milwaukee	State WI	Zip Code 53202-4438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Reuser Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 520.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Francis A. Ruggiero		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 15 Kennedy Drive		Transaction ID: 10010013
City Budd Lake	State NJ	Zip Code 07828-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Ruggiero Group, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 00 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Raymer M. Sale		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 10009981
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EZE Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Scott A. Shalak		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PO Box 67 8817 Barnard Mill Rd.		Transaction ID: 10009190
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalak Financial Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. Tameka L. Southern		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 381 Casa Linda Plaza Box 303		Transaction ID: 10010008
City Dallas	State TX	Zip Code 75218-5423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 280.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 01 / 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. James R. Stenger		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 288 South Street		Transaction ID: 10009932
City Morristown	State NJ	Zip Code 07860-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1260.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tom Veiter		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 10009800
City Lafayette	State LA	Zip Code 70509-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physician's Mutual Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Greg A. Yoder		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10009881
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1600.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 02 / 121
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Robert A Ziff		Date of Receipt M / D / Y 06 / 30 / 2005	
Mailing Address 17 North Delmorr Avenue		Transaction ID: 10009829	
City	State	Zip Code	Amount of Each Receipt this Period
Morrisville	PA	19067-6278	80.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Avanll Benefits Corp	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼		580.00	

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	19822.00

**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)

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<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
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-8912

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 10001586

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

325.07

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 10001587

Date of Disbursement

04 / 21 / 2005

Amount of Each Disbursement this Period

102.40

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

C. Ryan P. Thorn

Mailing Address 10342 South Springcrest Lane

City South Jordan State UT Zip Code 84095-4538

Purpose of Disbursement
Travel Reimbursement For State Convention

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Transaction ID: 10001588

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

594.96

Travel Reimbursement For
State Convention

SUBTOTAL of Disbursements This Page (optional) ▶

1022.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-8812

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 10001581
Date of Disbursement
05 / 03 / 2005

Amount of Each Disbursement this Period
366.84

Credit Card Processing Fee

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

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 10001582
Date of Disbursement
05 / 23 / 2005

Amount of Each Disbursement this Period
87.33

Credit Card Processing Fee

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

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-8812

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 10001584
Date of Disbursement
06 / 02 / 2005

Amount of Each Disbursement this Period
317.83

Credit Card Processing Fee

SUBTOTAL of Disbursements This Page (optional) ▶

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

771.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Aline H. Roberts		Transaction ID: 10001507 Date of Disbursement 06 / 13 / 2005	
Mailing Address 3537 Old Conejo Road, Suite 114		Amount of Each Disbursement this Period 1120.37	
City Newbury Park State CA Zip Code 91320-8189	Purpose of Disbursement Reimbursement For Purchase of Awards	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Reimbursement For Purchase of Awards	

Full Name (Last, First, Middle Initial) B. Marco		Transaction ID: 10001506 Date of Disbursement 06 / 13 / 2005	
Mailing Address 2640 Commerce Dr		Amount of Each Disbursement this Period 480.00	
City Harrisburg State PA Zip Code 17110-0368	Purpose of Disbursement Purchase of Name Badge Ribbons	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Purchase of Name Badge Ri- bbons	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 10001509 Date of Disbursement 06 / 21 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 91.17	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Credit Card Processing Fee	

SUBTOTAL of Disbursements This Page (optional) ► **1691.54**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Executive Awards

Mailing Address PO Box 123491

City Fort Worth State TX Zip Code 76121-3491

Purpose of Disbursement
Purchase of Award Banners

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 10001508

Date of Disbursement

06 / 21 / 2005

Amount of Each Disbursement this Period

335.11

Purchase of Award Banners

Full Name (Last, First, Middle Initial)

B. Mac Mannes Inc.

Mailing Address 5104 Macarthur Blvd NW

City Washington State DC Zip Code 20016-3316

Purpose of Disbursement
Purchase of Award Plaques

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 10001600

Date of Disbursement

06 / 21 / 2005

Amount of Each Disbursement this Period

388.14

Purchase of Award Plaques

SUBTOTAL of Disbursements This Page (optional) ▶

733.25

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

4219.11

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Doyle For Congress Committee

Mailing Address 205 Hawthorne Court
2227 Hampton Street

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Void - Check issued 10/14/2004

Candidate Name
Rep. Michael F. Doyle

Office Sought: House
Senate
President
State: PA District 14

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10272728
Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

-500.00

Void - Check issued 10/14/
2004

Full Name (Last, First, Middle Initial)
B. Robert Aderholt For Congress

Mailing Address P. O. Box 1158
940 Hwy 13

City Haleyville State AL Zip Code 35565

Purpose of Disbursement
Void - Check dated 07/14/2004

Candidate Name
Rep. Robert B. Aderholt

Office Sought: House
Senate
President
State: AL District 4

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10272178
Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 07/14/
2004

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

Mailing Address 1155 21st Street, NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Void - Pryce For Congress

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10006788
Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

-1500.00

Void - Pryce For Congress

SUBTOTAL of Disbursements This Page (optional) ▶

-3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 / 121

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Friends Of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement Contribution

Candidate Name Rep. John S. Tanner

Office Sought: House Senate President
State: TN District B

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: 10000814
Date of Disbursement
04 / 04 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Contribution

Full Name (Last, First, Middle Initial)
B. Radanovich For Congress

Mailing Address 30151 Tomas Street

City Rancho Sta Mrgrita State CA Zip Code 92686

Purpose of Disbursement Contribution

Candidate Name Rep. George P. Radanovich

Office Sought: House Senate President
State: CA District 18

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: 10000812
Date of Disbursement
04 / 04 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Contribution

Full Name (Last, First, Middle Initial)
C. Hastert For Congress Committee

Mailing Address P. O. Box 625
PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement Contribution

Candidate Name Rep. J. Dennis Hastert

Office Sought: House Senate President
State: IL District 14

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: 10000811
Date of Disbursement
04 / 04 / 2005

Amount of Each Disbursement this Period
1500.00

011
Category/
Type

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contribution

Candidate Name
Rep. Roy Blunt

Office Sought: House
Senate
President
State: MO District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000801
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45060

Purpose of Disbursement
Contribution

Candidate Name
Rep. John A. Boehner

Office Sought: House
Senate
President
State: OH District 8

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000802
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe L. Barton

Office Sought: House
Senate
President
State: TX District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000799
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Kay Granger Campaign Fund

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kay Granger

Office Sought: House
Senate
President
State: TX District: 12

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000810
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Cubin For Congress Inc

Mailing Address Post Office Box 4657
P O Box 4657

City Casper State WY Zip Code 82604

Purpose of Disbursement
Contribution

Candidate Name
Rep. Barbara Cubin

Office Sought: House
Senate
President
State: WY District: 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000809
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

Office Sought: House
Senate
President
State: VA District: 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000803
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Rick Renzi For Congress

Mailing Address P.O. Box 2383

City Prescott State AZ Zip Code 86302

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Renzi

Office Sought: House
Senate
President
State: AZ District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000813
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Schultz Debbie Wasserman

Mailing Address 4479 Foxglove Ln

City Weston State FL Zip Code 33331

Purpose of Disbursement
Contribution

Candidate Name
Rep. Debbie Wasserman-Schultz

Office Sought: House
Senate
President
State: FL District 20

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000815
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000800
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Hulshof For Congress

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kenny C. Hulshof

Office Sought: House
Senate
President
State: MO District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000818

Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement
contribution

Candidate Name
Rep. Sue Wilkins Myrick

Office Sought: House
Senate
President
State: NC District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000818

Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement
contribution

Candidate Name
Rep. Pete Sessions

Office Sought: House
Senate
President
State: TX District 32

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000819

Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Mark Kennedy 06

Mailing Address PO Box 49333

City Blaine State MN Zip Code 55449

Purpose of Disbursement contribution

Candidate Name Mr. Mark Kennedy

Office Sought: House
 Senate
President
State: MN District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000817
Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)
B. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement Contribution

Candidate Name Rep. Earl Pomeroy

Office Sought: House
Senate
President
State: ND District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001358
Date of Disbursement

04 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Dave Camp For Congress 2006

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement Contribution

Candidate Name Rep. David Lee Camp

Office Sought: House
Senate
President
State: MI District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001904
Date of Disbursement

04 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Kind For Congress Committee

Mailing Address 205 5th Avenue South
Suite 42B

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Kind

Office Sought: House
Senate
President
State: WI District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001357
Date of Disbursement

04 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. People With Hart Inc

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15000

Purpose of Disbursement
Contribution

Candidate Name
Rep. Melissa A. Hart

Office Sought: House
Senate
President
State: PA District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001354
Date of Disbursement

04 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Baker For Congress Committee

Mailing Address Post Office Box 1894

City Baton Rouge State LA Zip Code 70821

Purpose of Disbursement
Contribution

Candidate Name
Rep. Richard H. Baker

Office Sought: House
Senate
President
State: LA District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001370
Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Walden For Congress Inc

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contribution

Candidate Name
Rep. Greg Walden

Office Sought: House
Senate
President
State: OR District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001371
Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Ben Cardin For Congress

Mailing Address C/O Mark D. Dopkin
100 E. Pratt Street 26th Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement
Contribution

Candidate Name
Rep. Benjamin L. Cardin

Office Sought: House
Senate
President
State: MD District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001385
Date of Disbursement

04 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Sue Kelly For Congress

Mailing Address PO Box 59B

City Katonah State NY Zip Code 10538

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sue W. Kelly

Office Sought: House
Senate
President
State: NY District 19

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10245294
Date of Disbursement

04 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Hall For Congress Committee (Ralph Hall - Rockwall)

Transaction ID: 10245293
Date of Disbursement

Mailing Address Post Office Box 711

04 / 19 / 2005

City State Zip Code
Rockwall TX 75087

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

1000.00

Candidate Name
Rep. Ralph M. Hall

Contribution

Office Sought: House
Senate
President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: TX District: 4

Full Name (Last, First, Middle Initial)
B. Rob Bishop For Congress

Transaction ID: 10001373
Date of Disbursement

Mailing Address PO Box 2004

04 / 19 / 2005

City State Zip Code
Brigham City UT 84302

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

1000.00

Candidate Name
Rep. Robert Bishop

Contribution

Office Sought: House
Senate
President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: UT District: 1

Full Name (Last, First, Middle Initial)
C. McHenry For Congress

Transaction ID: 10245299
Date of Disbursement

Mailing Address PO Box 1406

04 / 19 / 2005

City State Zip Code
Hickory NC 28601

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

1000.00

Candidate Name
Rep. Patrick T. McHenry

Contribution

Office Sought: House
Senate
President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: NC District: 10

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Friends Of Dick Lugar Inc

Mailing Address 47 S Meridian St Suite 200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Contribution

Candidate Name
Sen. Richard G. Lugar

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼

State: IN District 1

Transaction ID: 10245288
Date of Disbursement
04 / 19 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Volunteer PAC (VOLPAC)

Mailing Address PO Box 158552

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Disbursement For:
Senate Primary General
President Other (specify) ▼

State: District

Transaction ID: 10245288
Date of Disbursement
04 / 19 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Sandhills Political Action Committee

Mailing Address 1310 G Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Disbursement For:
Senate Primary General
President Other (specify) ▼

State: District

Transaction ID: 10245280
Date of Disbursement
04 / 19 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Friends Of Craig Thomas

Mailing Address 2780 Olive Dr

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement
Contribution

Candidate Name
Sen. Craig Thomas

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: WY District 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 10001388
Date of Disbursement

04 / 21 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Volunteer PAC (VOLPAC)

Mailing Address PO Box 158552

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President
 State: District Other (specify) ▼

011
Category/
Type

Transaction ID: 10001388
Date of Disbursement

04 / 21 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

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

Mailing Address 1155 21st Street, NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President
 State: District Other (specify) ▼

011
Category/
Type

Transaction ID: 10245310
Date of Disbursement

04 / 21 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. John Sullivan For Congress

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
contribution

Candidate Name
Rep. John Sullivan

Office Sought: House
Senate
President
State: OK District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001400
Date of Disbursement

04 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)
B. Nathan Deal For Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nathan Deal

Office Sought: House
Senate
President
State: GA District 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001408
Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steven C. LaTourette

Office Sought: House
Senate
President
State: OH District 14

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001416
Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Porter For Congress

Mailing Address PO Box 26087

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jon C. Porter

Office Sought: House
Senate
President
State: NV District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001418
Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Jim Gerlach For Congress Committee

Mailing Address 811 Welsh Ayres Way

City Downingtown State PA Zip Code 19335

Purpose of Disbursement
Contribution

Candidate Name
Rep. James W. Gerlach

Office Sought: House
Senate
President
State: PA District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001414
Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001409
Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Together for our Majority PAC (TOMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10001441
Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)
B. Cooper For Congress Committee

Mailing Address P.O. Box 927

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim Cooper

Office Sought: House Senate President
State: TN District 5

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10001447
Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Dreier For Congress Committee

Mailing Address P.O. Box 505

City Upland State CA Zip Code 91785

Purpose of Disbursement
Contribution

Candidate Name
Rep. David Dreier

Office Sought: House Senate President
State: CA District 26

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10001450
Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Volunteers For Shimkus

Mailing Address P.O. Box 5458
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contribution

Candidate Name
Rep. John M. Shimkus

Office Sought: House
Senate
President
State: IL District 19

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001460
Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Pickering For Congress

Mailing Address P.O. Box 4297

City Brandon State MS Zip Code 39047

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles W. Pickering, Jr.

Office Sought: House
Senate
President
State: MS District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001457
Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike McIntyre

Office Sought: House
Senate
President
State: NC District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001494
Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Our Common Values PAC

Mailing Address 101 West Grand Avenue
Suite 200

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10001453
Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Herseth For Congress

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephanie Herseth

Office Sought: House Senate President
State: SD District 1

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10001456
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City Manticella State IN Zip Code 47960

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve Buyer

Office Sought: House Senate President
State: IN District 4

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10001463
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
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 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Nathan Deal For Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 90503

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nathan Deal

Office Sought: House
Senate
President

State: GA District: 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001465
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Whitfield For Congress Committee

Mailing Address P.O. Box 381

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Contribution

Candidate Name
Rep. Edward Whitfield

Office Sought: House
Senate
President

State: KY District: 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001474
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Ryan For Congress

Mailing Address P. O. Box 191B

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul Ryan

Office Sought: House
Senate
President

State: WI District: 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001468
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Musgrave For Congress

Mailing Address 118 W Charlotte St

City Johnstown State CO Zip Code 80534

Purpose of Disbursement
Contribution

Candidate Name
Rep. Marilyn N. Musgrave

Office Sought: House
Senate
President
State: CO District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001467
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Fitzpatrick For Congress

Mailing Address 115 North Broad Street

City Doylestown State PA Zip Code 18001

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael G. Fitzpatrick

Office Sought: House
Senate
President
State: PA District B

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001478
Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Nelson 2006

Mailing Address P O Box 8888

City Omaha State NE Zip Code 68103

Purpose of Disbursement
Contribution

Candidate Name
Sen. E. Benjamin Nelson

Office Sought: House
 Senate
President
State: NE District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001481
Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Ensign For Senate

Mailing Address PO Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Contribution

Candidate Name
Sen. John E. Ensign

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NV District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 10001477
Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nydia M. Velazquez

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NY District: 12 Other (specify) ▼

011
Category/
Type

Transaction ID: 10001482
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Wynn For Congress

Mailing Address P. O. Box 39139

City Washington State DC Zip Code 20018

Purpose of Disbursement
Contribution

Candidate Name
Rep. Albert Russell Wynn

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: MD District: 4 Other (specify) ▼

011
Category/
Type

Transaction ID: 10001487
Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Sherman For Congress

Mailing Address 555 South Flower Street Suite 4510

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Contribution

Candidate Name
Rep. Brad Sherman

Office Sought: House
Senate
President
State: CA District: 27

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001484
Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Jeff Fortenberry For United States Congress

Mailing Address 1610 N Street

City Lincoln State NE Zip Code 68508

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jeffrey Fortenberry

Office Sought: House
Senate
President
State: NE District: 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001483
Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Neugebauer Congressional Committee

Mailing Address 3305 86th Street Suite # 1

City Lubbock State TX Zip Code 79413

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert R. Neugebauer

Office Sought: House
Senate
President
State: TX District: 19

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001488
Date of Disbursement

06 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Reynolds For Congress		Transaction ID: 10001493 Date of Disbursement 06 / 03 / 2005	
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00	
City Rochester	State NY	Zip Code 14615	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Candidate Name Rep. Thomas M. Reynolds			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District 28		Contribution

Full Name (Last, First, Middle Initial) B. Issa For Congress		Transaction ID: 10001492 Date of Disbursement 06 / 03 / 2005	
Mailing Address P O Box 760		Amount of Each Disbursement this Period 1000.00	
City Vista	State CA	Zip Code 92085	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Candidate Name Rep. Darrell E. Issa			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District 48		Contribution

Full Name (Last, First, Middle Initial) C. Friends Of Kent Conrad		Transaction ID: 10001490 Date of Disbursement 06 / 03 / 2005	
Mailing Address PO Box 812		Amount of Each Disbursement this Period 1000.00	
City Bismarck	State ND	Zip Code 58502	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Candidate Name Sen. Kent Conrad			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District 1		Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11973

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph Crowley

Office Sought: House
Senate
President
State: NY District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001497
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Christopher Shays For Congress Committee

Mailing Address 88 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher Shays

Office Sought: House
Senate
President
State: CT District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001512
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Friends Of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jack Kingston

Office Sought: House
Senate
President
State: GA District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001503
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Moore For Congress

Mailing Address PO Box 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dennis Moore

Office Sought: House
Senate
President
State: KS District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001509
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement
Contribution

Candidate Name
Rep. Donald A. Manzullo

Office Sought: House
Senate
President
State: IL District 16

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001504
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heather A. Wilson

Office Sought: House
Senate
President
State: NM District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001513
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 / 121

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Committee To Re-Elect Vito Fossella

Mailing Address PO Box 131403
PO Box 080248

City Staten Island State NY Zip Code 10313

Purpose of Disbursement
Contribution

Candidate Name
Rep. Vito J. Fossella

Office Sought: House
Senate
President
State: NY District: 13

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001498
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Matheson For Congress

Mailing Address 677 South 200 West
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name
Rep. James D. Matheson

Office Sought: House
Senate
President
State: UT District: 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001508
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19428

Purpose of Disbursement
Contribution

Candidate Name
Sen. Rick Santorum

Office Sought: House
 Senate
President
State: PA District: 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10001510
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

73000.00