

**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 - Health Underwriters PAC

ADDRESS (number and street)

2000 N. 14th St., Ste. 450

Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)

- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)

- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)

- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- Election on

- 10
- 04
- 2005

- General (12G)
- Special (12S)
- in the State of

- Runoff (12R)
- CA

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

- General (30G)
- Election on

- Runoff (30R)
- in the State of

- Special (30S)

- in the State of

5. Covering Period

08

29

2005

through

09

14

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

Janet Trautwein

Signature of Treasurer

Electronically Filed by Janet Trautwein

Date

09

23

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 - Health Underwriters PAC

Report Covering the Period: From: ^M08 ^D23 ^Y2005 To: ^M09 ^D14 ^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	31016.61	
(c) Total Receipts (from Line 19)	14342.34	169903.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45358.95	200919.61
<hr/>		
7. Total Disbursements (from Line 31)	11918.29	183047.15
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33440.66	17872.66
<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 - Health Underwriters PAC

Report Covering the Period: From: ^M08 ^D28 ^Y2005 To: ^M09 ^D14 ^Y2005

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)	8264.00	89664.00
(ii) Unitemized	6078.34	80239.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))	14342.34	169903.20
(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)	14342.34	169903.20
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))	14342.34	169903.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14342.34	169903.20

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.....	5418.29	22297.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5418.29	22297.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	159250.00
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.....	1500.00	1500.00
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))..	11918.29	183047.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	11918.29	183047.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14342.34	169903.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14342.34	169903.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5418.29	22297.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5418.29	22297.15

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

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

FOR LINE NUMBER: PAGE 6 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Teri Dumas Adams		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 1290		Transaction ID: 50922.C4871
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Kerry Aldridge		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50922.C5031
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. MR. Stephan Andersen		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50922.C5049
City Lincoln	State NE	Zip Code 68510-2444
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

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 7 / 56

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Mr. William Chester Anderson - JR		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 498 Palm Springs Drive, Suite 210		Transaction ID: 50922.C5053
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. MS. Mary Kathryn Anderson-Haught		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PO Box 7848		Transaction ID: 50922.C5055
City Tyler	State TX	Zip Code 75711-7848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Strategies In Employee Be- nefit	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MS. Elizabeth Ashmore		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 7806 University Avenue, Suite B		Transaction ID: 50922.C5058
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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 8 / 56

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. David Ayré		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 8340 South 3000 East, # 500		Transaction ID: 50922.C4699
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 Benefi	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. MR. Thomas Belding		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 50922.C4695
City Edmond	State OK	Zip Code 73013-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marke	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. MS. Ann Ball		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1861 Shoreline Drive, Suite 100		Transaction ID: 50922.C5077
City Boise	State ID	Zip Code 83702-6748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insura- nce,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

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 9 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. David A Berman		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: 50922.C5079
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 Neece Lukens Holding Company, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 440.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. Andrew Biemet		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50922.C4831
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. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 640.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. Robert J Blahop		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2785 East Desert Inn Road, Suite 1		Transaction ID: 50922.C4788
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 Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 672.00	Receipt

SUBTOTAL of Receipts This Page (optional)	224.00
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 10 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2005
Mailing Address 866 Ridgeway Loop Road, Suite 200		Transaction ID: 50922.C4721
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.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) B. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005
Mailing Address 866 Ridgeway Loop Road, Suite 200		Transaction ID: 50922.C5085
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.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) C. MR. William Brannon		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2005
Mailing Address 7 Terrace Way, Suite C		Transaction ID: 50922.C4704
City	State	Zip Code
Greensboro	NC	27403-5888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts TN's Page (optional)	105.00
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 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Ronald Buffum		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50922.C5101
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. MR. Tim Byrne		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005
Mailing Address 3113 West Beltline Highway		Transaction ID: 50922.C5105
City Madison	State WI	Zip Code 53713-2830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morfanson, Matzella & Mel-drum	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. D. Bailey Galvin		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005
Mailing Address PO Box 101422		Transaction ID: 50922.C5109
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 12 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Mr. Russell B Childers, JR		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 1547		Transaction ID: 50922.C5124
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 B. Childers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. MS. Dorothy Cook		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 1941		Transaction ID: 50922.C4779
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 &	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. MS. Susan Cook		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 50922.C4976
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

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 13 / 56

(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		

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Carol Cutter		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 824 Griffin Road, Suite B		Transaction ID: 50922.C4898
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	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. MS. Rosemary Daininger		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 12801 N. Central Expressway, Suite B		Transaction ID: 50922.C4898
City Dallas	State TX	Zip Code 75243-1741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Waldman Brothers	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MR. Christopher Dekey		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 150 Wells Avenue		Transaction ID: 50922.C5023
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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 14 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MS. Stephanie Derez		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 9000 Cypress Green Drive, Suite 10		Transaction ID: 50922.C4758
City Jacksonville	State FL	Zip Code 32256-5508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BenefitPort Southeast	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	220.00	

Full Name (Last, First, Middle Initial) B. MR. James Deltman		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 8075 Poplar Avenue, Suite 125		Transaction ID: 50922.C5522
City Memphis	State TN	Zip Code 38119-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Medical Security	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. MS. Sharon Lynn Diorato		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 50922.C5008
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Health Insurance Agent Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	535.00
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 15 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MS. Sharon Lynn Dicorato		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 50922.C5147
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR. Rush David Dixon		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 50922.C4989
City Rockville	State MD	Zip Code 20850-
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. MR. Steve Dodder		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 2069		Transaction ID: 50922.C4825
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts TN's 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 16 / 56

(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	

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Cynthia Doucet		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005
Mailing Address P. O. Box 91180		Transaction ID: 50922.C5153
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Global Financial Resource- s. In	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. MR. Eugene Ebersole		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 50922.C5161
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.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. MR. Thomas M Evans		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50922.C5171
City Omaha	State NE	Zip Code 68164-9884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Mide	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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 17 / 56

(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		

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. David Fear		Date of Receipt M / D / Y 09 / 02 / 2005	
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 50922.C5175	
City Rancho Cordova	State CA	Zip Code 95670-6121	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer CIMS Strategic Distribut- on Di	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 595.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. MS. Catherine Ficora		Date of Receipt M / D / Y 09 / 02 / 2005	
Mailing Address 26999 Central Park Blvd. Suite 225		Transaction ID: 50922.C5177	
City Southfield	State MI	Zip Code 48076-4174	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Austin Financial Group LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. MS. Linda Friedrich		Date of Receipt M / D / Y 09 / 02 / 2005	
Mailing Address PO Box 30275		Transaction ID: 50922.C5181	
City Lincoln	State NE	Zip Code 68503-0275	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 450.00	
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Bruce Gardner		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50922.C5187
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 & Inv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. MR. Jeffrey Gennaro		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 10315		Transaction ID: 50922.C4982
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. MR. Gerard Gershenowitz		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 980 Broadway, Suite 608		Transaction ID: 50922.C4748
City Thornwood	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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

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 10 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Mr. Richard R Girdler, JR		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 113 Seaboard Lane, Suite C-170		Transaction ID: 50922.C4764
City	State	Zip Code
Franklin	TN	37067-8281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cowan Benefit Services, Inc.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. MS. Patrice Goldfarb		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50922.C4891
City	State	Zip Code
New York	NY	10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) C. MS. Patrice Goldfarb		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50922.C5193
City	State	Zip Code
New York	NY	10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

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 20 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Carolyn Goodwin		Date of Receipt MM / DD / YYYY 08 / 31 / 2008
Mailing Address 4851 LBJ Freeway, Suite 800		Transaction ID: 50922.C4852
City State Zip Code Dallas TX 75244-6004	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Serv	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Goss		Date of Receipt MM / DD / YYYY 09 / 02 / 2009
Mailing Address 2141 Airport Way, #100		Transaction ID: 50922.C5197
City State Zip Code Boise ID 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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Gray		Date of Receipt MM / DD / YYYY 09 / 02 / 2009
Mailing Address 233 S 13th St Ste. 150D		Transaction ID: 50922.C5203
City State Zip Code Lincoln NE 68508-2015	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1840.00	

SUBTOTAL of Receipts This Page (optional)	325.00
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 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Stephen Grim		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address P O Box 1105		Transaction ID: 50922.C4883
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Cristy Russell Gupton		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 50922.C4892
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) C. MR. Christopher Harrison		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50922.C4977
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

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

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

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

FOR LINE NUMBER: PAGE 22 / 56

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Thomas Harte		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50922.C4986
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) B. MR. Gerald G Hartman		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 5716		Transaction ID: 50922.C4986
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

Full Name (Last, First, Middle Initial) C. MS. Sheila H Hartman		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 50922.C4877
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Co- mpany	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	195.00
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 23 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MS. Lisa Helman		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 3800 Mansell Road, # 375		Transaction ID: 50922.C5225
City	State	Zip Code
Alpharetta	GA	30022-3094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cobbs, Allen & Hall	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. John Helms		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 500 Ygnacio Valley Road, Suite 150		Transaction ID: 50922.C5012
City	State	Zip Code
Walnut Creek	CA	94596-8206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer John Helms & Associates	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MR. Timothy Handberg		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 4200 East Skelly Drive, Suite 251		Transaction ID: 50922.C5227
City	State	Zip Code
Tulsa	OK	74135-5208
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	95.00
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 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Jaime Hernandez		Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 50922.C4762	
City Burbank	State CA	Zip Code 91501-1522	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Jandaz Financial & Insurance I	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. MR. Jan Hicks		Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 320 S. Weber Street		Transaction ID: 50922.C4924	
City Colorado Springs	State CO	Zip Code 80503-2148	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Benefit Resources, Inc.	Occupation Information Requested	Aggregate Year-to-Date ▼ 230.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. MR. Jan Hicks		Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 320 S. Weber Street		Transaction ID: 50922.C5027	
City Colorado Springs	State CO	Zip Code 80503-2148	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Benefit Resources, Inc.	Occupation Information Requested	Aggregate Year-to-Date ▼ 240.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 / 56

(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 - Health Underwriters PAC

A. Full Name (Last, First, Middle Initial) MS. Donna Hill Mailing Address PD Box 724 City State Zip Code Snellville GA 30078-0724 FEC ID number of contributing federal political committee. C Name of Employer DDH Associates, LLC Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005 Transaction ID: 50922.C5297 Amount of Each Receipt this Period 100.00 Receipt
B. Full Name (Last, First, Middle Initial) MR. Richard L Hill Mailing Address 4435 O Street P.O. Box 30275 City State Zip Code Lincoln NE 68510-1842 FEC ID number of contributing federal political committee. C Name of Employer UNICO Financial Services, Inc. Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005 Transaction ID: 50922.C5298 Amount of Each Receipt this Period 60.00 Receipt
C. Full Name (Last, First, Middle Initial) MS. Sheri S Hokin Mailing Address 3330 Dundee Road, Suite C-3 City State Zip Code Northbrook IL 60062-2328 FEC ID number of contributing federal political committee. C Name of Employer Hokin Stemberg Insurance Serv Occupation Information Requested Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2005 Transaction ID: 50922.C4774 Amount of Each Receipt this Period 20.00 Receipt

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Denise Hopper		Date of Receipt MM / DD / YYYY 08 / 31 / 2005
Mailing Address 8400 Fairview Road		Transaction ID: 50922.C4874
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. MS. Mary Lou Hudman		Date of Receipt MM / DD / YYYY 09 / 02 / 2005
Mailing Address 5330 Bent Tree Forest Drive, Suite		Transaction ID: 50922.C5255
City Dallas	State TX	Zip Code 75248-3471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer A Benefit Source	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.14	

Full Name (Last, First, Middle Initial) C. MR. Robert Huffaker		Date of Receipt MM / DD / YYYY 08 / 31 / 2005
Mailing Address PO Box 6217		Transaction ID: 50922.C5003
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

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 27 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. David S Johnson		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50922.C4790
City Stone Mountain	State GA	Zip Code 30087-
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. MS. Sandra Johnson		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 12500 Network Boulevard, Suite 403		Transaction ID: 50922.C4969
City San Antonio	State TX	Zip Code 78249-3310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Hairston, Johnson & Associates	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MS. Suzanne Johnson		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 6235 Morrison Boulevard, Suite 302		Transaction ID: 50922.C5285
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 Employee Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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 28 / 56

(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	

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Randy Joppie		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 50922.C4851
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 Corp- orati	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) B. MR. Lary Kaczmarek		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50922.C5275
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) C. MS. T. Darlene Kaczmarek		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50922.C5277
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Thomas Kaufman		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1875 Willow St Ste. P		Transaction ID: 50922.C4881
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 In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) B. MR. Mark Kennedy		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 50922.C4772
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Kellan		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PO Box 45279		Transaction ID: 50922.C5283
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional)	▶	245.00
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 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Ross Kraft		Date of Receipt MM / DD / YYYY 08 / 31 / 2008
Mailing Address 41 Notre Dame Lane		Transaction ID: 50922.C4798
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. MS. Mary Kramer		Date of Receipt MM / DD / YYYY 09 / 02 / 2008
Mailing Address 2837 South 159th Plaza, Suite 200		Transaction ID: 50922.C5285
City	State	Zip Code
Omaha	NE	68130-1769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. MR. Rufus Langley		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
Mailing Address PO Box 2997		Transaction ID: 50922.C5520
City	State	Zip Code
Durham	NC	27715-2567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Forrester & Associates Insurance	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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 31 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Robert Lay		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 3112 Forest Avenue		Transaction ID: 50922.C4870
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Servi	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) B. MR. Ronald Levins		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 4037 Jordan Lake Drive		Transaction ID: 50922.C4870
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CONEXIS	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	380.00	

Full Name (Last, First, Middle Initial) C. MR. Brian Leshy		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50922.C5291
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 ▼	Receipt
Receipt For: Primary General Other (specify) ▼	720.00	

SUBTOTAL of Receipts This Page (optional)	135.00
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 / 56

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Clark Loeve		Date of Receipt M / D / Y 09 / 02 / 2005	
Mailing Address 12200 Northwest Fwy Ste 682		Transaction ID: 50922.C5295	
City Houston	State TX	Zip Code 77062-4827	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Northwest General Insurance	Occupation Information Requested		Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. MS. Cheryl Lombardi		Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50922.C4731	
City Walnut Creek	State CA	Zip Code 94596-4536	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent		Aggregate Year-to-Date ▼ 680.00
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. MR. Juan Ramon Lopez		Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 200 N. Lewis Street		Transaction ID: 50922.C4819	
City Orange	State CA	Zip Code 92668-1538	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Kaiser Permanente	Occupation Information Requested		Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 / 56

(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	

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Maurice Lyons		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50922.C4746
City New York	State NY	Zip Code 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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. MS. Linda Mackey		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 1001		Transaction ID: 50922.C4827
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. MR. Dale Maloney		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50922.C4768
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

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 34 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MS. Carol Matznick		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 38905		Transaction ID: 50922.C5311
City Greensboro	State NC	Zip Code 27438-8805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MS. Sharon L McDermott		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50922.C5313
City Omaha	State NE	Zip Code 68137-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. MR. David Moore		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 1008		Transaction ID: 50922.C5323
City Burlington	State NC	Zip Code 27218-1008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Ass-oclat	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

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 35 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Wesley Moore, III		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 50922.C5321
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 020.00	

Full Name (Last, First, Middle Initial) B. MS. Carolynne Midon		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 457 Main Street		Transaction ID: 50922.C4855
City Longmont	State CO	Zip Code 80501-5534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Colorado Employee Benefit Group	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MR. Joshua Nace		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 936 North 34th Street, Suite 20B		Transaction ID: 50922.C5328
City Seattle	State WA	Zip Code 98103-6869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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 36 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Kirby Nielsen		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2041 Willow Glen Lane		Transaction ID: 50922.C4987
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Nielsen Insurance Agency Inc.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Norris		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PO Box 999 285 E Palmer Street		Transaction ID: 50922.C5344
City Franklin	State NC	Zip Code 28744-0999
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50922.C5352
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

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 37 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Jesse Patton		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2175 NW 88th Street, Suite 14		Transaction ID: 50922.C5001
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. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1800.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. James Price, III		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 50922.C4745
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 Ser Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 700.00	Receipt

Full Name (Last, First, Middle Initial) C. MS. Susan Maley Rash		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 50922.C4776
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 VA Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 800.00	Receipt

SUBTOTAL of Receipts This Page (optional)	375.00
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 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Jan C Rauser		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50922.C4765
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 Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. MR. Glen E Riersche		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 415 5th Street P. O. Box 684		Transaction ID: 50922.C5382
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Insurance Services, I	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. MS. Alina Roberts		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50922.C4928
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	▶	195.00
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 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Joseph Roberts		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50922.C5392
City	State	Zip Code
Lincoln	NE	68510-2444
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) B. MR. William Robinson		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 100 South Sunrise Way, PMB 364		Transaction ID: 50922.C5394
City	State	Zip Code
Palm Springs	CA	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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. MR. Ed Roling		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 343 Six Forks Road		Transaction ID: 50922.C4783
City	State	Zip Code
Raleigh	NC	27609-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental of North Carolina	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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 40 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Sharon Ross		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 823D Fairview Road, Suite 315		Transaction ID: 50922.C5090
City	State	Zip Code
Charlotte	NC	28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. MR. Eugene Rowe		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 16000 Ventura Blvd, Suite 1103		Transaction ID: 50922.C5402
City	State	Zip Code
Encino	CA	91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer R & R Insurance and Retirement	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. MR. Francis Ruggiero		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 288 South Street		Transaction ID: 50922.C4810
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	95.00
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 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Stephen Salomon		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 50922.C5408
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	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.00	

Full Name (Last, First, Middle Initial) B. Mr. Raymer Sala, JR		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50922.C4775
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 E2E Benefits Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. Mel Schiesinger		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 30100		Transaction ID: 50922.C4894
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer The Rainmakers Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

SUBTOTAL of Receipts This Page (optional)	195.00
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 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. James Schulz		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 7431 O Street		Transaction ID: 50922.C5004
City Lincoln	State NE	Zip Code 68510-2444
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. MR. Bob G Shupe		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 2344		Transaction ID: 50922.C4785
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. MR. Roger W Skinner		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 6812 East 75th Street, Suite 200		Transaction ID: 50922.C5423
City Indianapolis	State IN	Zip Code 46250-2878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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 43 / 56

(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	

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Anne Spering		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 4550		Transaction ID: 50922.C4698
City Santa Fe	State NM	Zip Code 87502-4550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. MS. Jackie Spragins		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 2073		Transaction ID: 50922.C5437
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Spragins Insurance Agency	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MS. Carol Steele		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50922.C4845
City Akron	State OH	Zip Code 44333-9204
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

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 44 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Burley Strader, JR		Date of Receipt MM / DD / YYYY 08 / 31 / 2005
Mailing Address 185 Kimel Park Drive 27103 P.O. Box 24042		Transaction ID: 50922.C4979
City Winston Salem	State NC	Zip Code 27114-4042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer MedCost Benefit Services, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

Full Name (Last, First, Middle Initial) B. MR. James Summers		Date of Receipt MM / DD / YYYY 08 / 31 / 2005
Mailing Address 8420 West Dodge Road, Suite 510		Transaction ID: 50922.C4813
City Omaha	State NE	Zip Code 68114-3432
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) C. MR. Donald Thompson		Date of Receipt MM / DD / YYYY 08 / 31 / 2005
Mailing Address 9720 Bunsen Parkway		Transaction ID: 50922.C4714
City Louisville	State KY	Zip Code 40259-1802
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	335.00
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 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Daniel Tompkins		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 1810		Transaction ID: 50922.C4770
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. Daniel Tompkins, III		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 1810		Transaction ID: 50922.C4777
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. MR. Daniel Tompkins, III		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PD Box 1810		Transaction ID: 50922.C5455
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 46 / 56

(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	

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Janet Trautwein		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 2000 14th St N Ste. 450		Transaction ID: 50922.C5459
City Arlington	State VA	Zip Code 22201-2506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NAHU	Occupation VP of Government Affairs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. MR. Abel Trassos		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 50922.C4747
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. Robert Tretter		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 5247 Cheyenne Moon		Transaction ID: 50922.C4846
City Camel	State IN	Zip Code 46033-8897
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Information Requested	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	105.00
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 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Marilyn Van Sant		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 271 Route 48 West Suite G206		Transaction ID: 50922.C5463
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. MR. Peter Virtan		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 50922.C4782
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. MR. Tom Volter		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 50922.C4885
City Lafayette	State LA	Zip Code 70503-5215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physicians Mutual Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

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 48 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Charles Wagner		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box B		Transaction ID: 50922.C5467
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 Age	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Mr. M. Hughes Warren, JR.		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address P.O. Box 7861		Transaction ID: 50922.C4961
City Wilmington	State NC	Zip Code 28406-
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. MR. John Warwick		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 272		Transaction ID: 50922.C5018
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

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 48 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Charles L Westmoreland		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box B25		Transaction ID: 50922.C5473
City Jackson	State MS	Zip Code 39205-0825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer American Public Life Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) B. MR. Richard Wheeler		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 817 Highway 71, Building 2-B		Transaction ID: 50922.C4857
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Richard E. Wheeler Insurance S	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MR. David Wills		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 902 Brynwood Dr		Transaction ID: 50922.C4718
City Chattanooga	State TN	Zip Code 37415-5308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer D. B. Wills & Co.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	135.00
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 / 56
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Steven Wilson		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 50922.C4799
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
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MS. Kelly Witt		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 11555 North Meridian Street, Suite		Transaction ID: 50922.C4847
City Carmel	State IN	Zip Code 46032-6845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sagamore Health Network	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MS. Barbara Kay Wong		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1311 L Street		Transaction ID: 50922.C5491
City Anchorage	State AK	Zip Code 99501-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefi- ts Co	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

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

FOR LINE NUMBER: PAGE 51 / 56

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Dennis Wright		Date of Receipt MM / DD / YYYY 08 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50922.C4842
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

Full Name (Last, First, Middle Initial) B. MR. Dennis Wright		Date of Receipt MM / DD / YYYY 08 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50922.C4794
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	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. MR. Greg Yoder		Date of Receipt MM / DD / YYYY 08 / 31 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50922.C4980
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	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

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 52 / 56
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Robert A Ziff		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 50922.C5000
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avanll Benefits Corp	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	8264.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 56

<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

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 - Health Underwriters PAC

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 SETTLEMENT FEE Candidate Name _____ Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼			Transaction ID: 50922.E192 Date of Disbursement 09 / 02 / 2005 Amount of Each Disbursement this Period 318.29 CREDIT CARD SETTLEMENT FEE
Full Name (Last, First, Middle Initial) B. Pac Services Mailing Address 7700 Old Branch Ave. Suite D-103 City Clinton State MD Zip Code 20735- Purpose of Disbursement PAC ADMINISTRATION Candidate Name _____ Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼			Transaction ID: 50923.E198 Date of Disbursement 08 / 25 / 2005 Amount of Each Disbursement this Period 5000.00 PAC ADMINISTRATION

SUBTOTAL of Disbursements This Page (optional)	▶	5318.29
TOTAL This Period (last page this line number only)	▶	5318.29

**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 54 / 56

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Brewer for Congress		Transaction ID: 50923.E200 Date of Disbursement 09 / 05 / 2005	
Mailing Address 1000 Bristol St. North Suite 17-288		Amount of Each Disbursement this Period 1000.00	
City Newport Beach State CA Zip Code 92660-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name MARILYN BREWER	Disbursement For: 2005 Primary X General Other (specify) ▼		
Office Sought: X House Senate President State: CA District: 48			

Full Name (Last, First, Middle Initial) B. The Hawkeye PAC		Transaction ID: 50923.E199 Date of Disbursement 09 / 08 / 2005	
Mailing Address 3905 Sylvian Ave.		Amount of Each Disbursement this Period 1000.00	
City Sioux City State IA Zip Code 51104-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name CHARLESE SENATOR GRASSLEY	Disbursement For: 2005 X Primary General Other (specify) ▼		
Office Sought: House X Senate President State: IA District: 00			

Full Name (Last, First, Middle Initial) C. Johnson for Congress		Transaction ID: 50923.E198 Date of Disbursement 09 / 08 / 2005	
Mailing Address P.O. Box 1888		Amount of Each Disbursement this Period 1000.00	
City New Britain State CT Zip Code 06050-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name NANCYL JOHNSON	Disbursement For: 2005 X Primary General Other (specify) ▼		
Office Sought: X House Senate President State: CT District: 06			

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 55 / 56

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

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

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

Full Name (Last, First, Middle Initial)
A. Santorum 2006

Mailing Address 128 N Columbus St

City Alexandria State VA Zip Code 22314-3038

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
RICHARDJ SANTORUM

Office Sought: House Disbursement For: 2005
 Senate X Primary General
 President
 Other (specify) ▼

State: PA District: D0

Category/
Type

Transaction ID: 50923.E195
Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Heather Wilson for Congress

Mailing Address PO Box 14070

City Albuquerque State NM Zip Code 87101-4070

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
HEATHERA WILSON

Office Sought: House Disbursement For: 2005
 Senate X Primary General
 President
 Other (specify) ▼

State: NM District: D1

Category/
Type

Transaction ID: 50923.E201
Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 56

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

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial)

A. Virginians for Jerry Kilgore

Mailing Address 101 East Cary St.

City Richmond State VA Zip Code 23219-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Office Sought:	House	Disbursement For:	2005
	Senate	<input checked="" type="checkbox"/> Primary	General
	President	Other (specify) ▼	

State: District

Category/
Type

Transaction ID: 50923.E184

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

1500.00