

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

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street)

2000 14TH ST

☐Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22201

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

07

31

2009

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

Type or Print Name of Treasurer

Jennifer Murphy

Signature of Treasurer

Electronically Filed by Jennifer Murphy

Date

08

27

2009

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 139

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		91930.12
(b) Cash on Hand at Beginning of Reporting Period	103977.46	
(c) Total Receipts (from Line 19)	45618.76	295232.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	149596.22	387162.60
7. Total Disbursements (from Line 31)	37556.19	275122.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112040.03	112040.03
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 139

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	0	9

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)	34203.59	162226.21
(ii) Unitemized	11411.42	132967.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	45615.01	295193.73
(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)	45615.01	295193.73
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.75	38.75
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))	45618.76	295232.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45618.76	295232.48

DETAILED SUMMARY PAGE

of Disbursements

4 / 139

FEC Form 3X (Rev. 02/2003)

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.....	1376.19	8877.57	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1376.19	8877.57	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	263900.00	
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	180.00	2345.00	
(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))	180.00	2345.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37556.19	275122.57	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37556.19	275122.57	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 139

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)	45615.01	295193.73
34. Total Contribution Refunds (from Line 28(d))	180.00	2345.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45435.01	292848.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1376.19	8877.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1376.19	8877.57

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

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

FOR LINE NUMBER: PAGE 6 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Sergio Acuna

Mailing Address 1656 Bob Murphy Dr

City

El Paso

State

TX

Zip Code

79936-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sergio Acuna Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21519

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lori J. Alalan

Mailing Address PO Box 2424

City

Hickory

State

NC

Zip Code

28603-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina first Assoc.

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21166

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Suzetta E. Alberts

Mailing Address 201W. Fort Street, Mail Code 7969

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Servic-
es

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21155

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Sheryl Ryan Alexander

Mailing Address 12991 Duval Dr

City

Fishers

State

IN

Zip Code

46037-8159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gregory & Appel Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 8946

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Terry Allard

Mailing Address 11619 Brook Hill Ct

City

Anchorage

State

AK

Zip Code

99516-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21302

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kirk Andonian

Mailing Address 4423 Point Fosdick Dr NW Ste 306

City

Gig Harbor

State

WA

Zip Code

98335-1794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berg Andonian

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21113

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Elizabeth Ashmore

Mailing Address 6102 82nd St Ste 6

City

Lubbock

State

TX

Zip Code

79424-0803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore & Associates Insu-
rance Agency

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21615

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Virginia T. Ashton-Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation
Director of Provider Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: 8969

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Virginia T. Ashton-Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation
Director of Provider Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21695

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey L. Bader

Mailing Address 2180 Mills Ave

City

Menlo Park

State

CA

Zip Code

94025-6546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health & Life Associates

Occupation

Manager, Broker Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21292

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Diane L. Barton

Mailing Address 2732 Kerry Ln

City

Oklahoma City

State

OK

Zip Code

73120-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
OK

Occupation

Account Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21584

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Waunakee

State

WI

Zip Code

53597-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean Health Plan

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21893

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Darrald T Bean

Mailing Address 3922 Rampart St

City

Boise

State

ID

Zip Code

83704-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bean Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21488

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ann C. Bell

Mailing Address 2171 S Pebblecreek Ln

City

Boise

State

ID

Zip Code

83706-6123

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21571

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David C. Benson

Mailing Address 4324 Keystone Ave

City

Culver City

State

CA

Zip Code

90232-3437

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCB Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20998

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

SUBTOTAL of Receipts This Page (optional)

1090.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bruce D. Benton

Mailing Address 20161 Delita Dr

City

Woodland Hills

State

CA

Zip Code

91364-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis SmithBenton Insur-
ance & Finan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21752

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David A Berman

Mailing Address 8805 Sawleaf Rd

City

Indianapolis

State

IN

Zip Code

46260-1534

FEC ID number of contributing
federal political committee.

C

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

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21894

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas Besselman

Mailing Address 6421 Perkins Rd Bldg A # 2B

City

Baton Rouge

State

LA

Zip Code

70808-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Besselman & Little Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21085

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

C. Sue Bisbee

Mailing Address 4211 Parsifal St NE

City

Albuquerque

State

NM

Zip Code

87111-3374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinisource, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21914

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert J Bishop

Mailing Address 2785 E Desert Inn Rd Ste 260

City

Las Vegas

State

NV

Zip Code

89121-3693

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA InsuranceOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21112

Amount of Each Receipt this Period

84.34

Payroll Deduction

(\$84.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Bradford H. Blain

Mailing Address 2205 Abbeywood Rd

City

Lexington

State

KY

Zip Code

40515-1157

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21524

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

144.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Russ Blakely

Mailing Address PO Box 11310

City

Chattanooga

State

TN

Zip Code

37401-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Blakely & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21044

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Andrea M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialties, In-
c.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21753

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialties, In-
c.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21754

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michele B. Bloom

Mailing Address 2213A Walnut St

City

Harrisburg

State

PA

Zip Code

17103-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson, Reid & Co

Occupation

Plan Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21895

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

B.

Full Name (Last, First, Middle Initial)

James C. Bosier

Mailing Address 6410 N Butler Rd

City

Cedar Falls

State

IA

Zip Code

50613-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Net Worth Advisors

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21296

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Lacy N. Boswell

Mailing Address 6089 Caladesi Ct

City

Jacksonville

State

FL

Zip Code

32258-1168

FEC ID number of contributing
federal political committee.

C

Name of Employer
AvMed Health Plans

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21297

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ron Bowling

Mailing Address 8326 Richards Rd

City

Shawnee Mission

State

KS

Zip Code

66215-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Life

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21494

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Adam Brackemyre

Mailing Address 2000 14th St N

City

Arlington

State

VA

Zip Code

22201-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
Staff Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21762

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Eleanor M. Brockhurst

Mailing Address 5812 N 12th St Unit 4

City

Phoenix

State

AZ

Zip Code

85014-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brockhurst & Associates,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21295

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Andrea Brody

Mailing Address 6018 E Lowden Rd

City

Cave Creek

State

AZ

Zip Code

85331-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Healthcare Dental

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21761

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ronald S. Buffum

Mailing Address 3016 Rock Rose Pl

City

Round Rock

State

TX

Zip Code

78665-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Buffum Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21756

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City

Anchorage

State

AK

Zip Code

99503-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21651

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 5653 Maxwellton Rd

City

Oakland

State

CA

Zip Code

94618-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burns Employee Benefits
Insurance Ser

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21507

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joseph W. Buyalos

Mailing Address 9051 Major Smith Ln

City

Frederick

State

MD

Zip Code

21704-7831

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Insurance Exchange,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21024

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City

Pontiac

State

MI

Zip Code

48340-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Lakes Benefit Group

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21470

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Louie L. Cason

Mailing Address 2920 Gervais St

City

Columbia

State

SC

Zip Code

29204-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cason Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21671

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lorelei G. Castellani

Mailing Address PO Box 2100

City

Branchville

State

NJ

Zip Code

07826-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Guidance Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21509

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Russell B. Childers

Mailing Address 402 Rawley Rd

City

Americus

State

GA

Zip Code

31719-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers, CLU

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21881

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan S. Clark

Mailing Address 545 E 4500 S Ste E250

City

Salt Lake City

State

UT

Zip Code

84107-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Benefit Planners
Insurance Se

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21102

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David S. Cluley

Mailing Address 2220 Glen Echo Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hurley Medical Center

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21484

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard P. Coburn

Mailing Address 19 Minor Ct

City

San Rafael

State

CA

Zip Code

94903-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Word and Brown Compan-
ies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21123

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Dorothy M. Cociu

Mailing Address PO Box 1941

City

Big Bear Lake

State

CA

Zip Code

92315-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Benefit Consult-
ing & Insuran

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21486

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William L Cole

Mailing Address 2809 Central St

City

Evanston

State

IL

Zip Code

60201-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie Benefits Network,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P21011

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

C.

Full Name (Last, First, Middle Initial)

George Scott Condos

Mailing Address 8860 S Tenaya Way

City

Las Vegas

State

NV

Zip Code

89113-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Insurance Agency

Occupation
Charter Senior Financial Plann

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21758

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David Conrad

Mailing Address 1109 Tihary

City

Libertyville

State

IL

Zip Code

60048-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prarie Benefits Network

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: 8968

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Teresa Conto

Mailing Address 145 Polaris Dr

City

Walkersville

State

MD

Zip Code

21793-9123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Benefit

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21590

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Troy J. Cook

Mailing Address 6600 Westown Pkwy # 250

City

West Des Moines

State

IA

Zip Code

50266-7724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krist Insurance Services

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21566

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Carrie Cox

Mailing Address 3621 Eastman Dr

City

Oklahoma City

State

OK

Zip Code

73112-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oden Roberts Rohrman Insu-
rance

Occupation

Group Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21915

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Valerie Cramer

Mailing Address 2664 Hedwidge Dr

City

Traverse City

State

MI

Zip Code

49684-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Priority Health

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21025

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Reed Damron

Mailing Address 4642 Riveredge Dr

City

Duluth

State

GA

Zip Code

30096-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
HIRE Benefits, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21050

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Beverly Davis

Mailing Address 1885 Trail Ridge Dr

City

Lewisville

State

TX

Zip Code

75077-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
AETNA

Occupation

Sales Rep.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21264

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Johnny Lee Dawkins

Mailing Address PO Box 53809

City

Fayetteville

State

NC

Zip Code

28305-3809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21067

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Teresa F DeBruin

Mailing Address 5441 Edgerton Dr

City

Norcross

State

GA

Zip Code

30092-2185

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21500

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Nathan Dee

Mailing Address 11468 Parkersburg Ave

City

Las Vegas

State

NV

Zip Code

89138-6090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Benefits, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21501

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Scott A Delisi

Mailing Address 920 Starview Ln

City

Lincoln

State

NE

Zip Code

68512-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ameritas Life Insurance
Group

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21736

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jill Walker Denton

Mailing Address 3500 Westgate Dr

City

Durham

State

NC

Zip Code

27707-2567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aflac

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: 8970

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

301.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Stephanie Denz

Mailing Address 1808 Hickory Trace Dr

City

Orange Park

State

FL

Zip Code

32003-8387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc.

Occupation

Senior Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21737

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michelle A. DeWitt Douglas

Mailing Address 4100 Goodlette Rd N

City

Naples

State

FL

Zip Code

34103-3373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulfshore Insurance, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21173

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer Dierck

Mailing Address 2323 Easthills Dr Unit 47

City

Bakersfield

State

CA

Zip Code

93306-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kern AHU

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21466

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Rush David Dixon

Mailing Address 1375 Piccard Dr

City

Rockville

State

MD

Zip Code

20850-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and Schilli-
ng

Occupation

VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21142

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Steve H. Dodder

Mailing Address PO Box 2069

City

Monument

State

CO

Zip Code

80132-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Health

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21638

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Theresa M. Dodds

Mailing Address 4748 Winged Foot Way

City

Columbus

State

GA

Zip Code

31909-8009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dodds & Comany

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21503

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Claudia S. Dodge

Mailing Address 606 Wexwood Ct

City

Richmond

State

VA

Zip Code

23236-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation

Sales Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21504

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Cynthia H. Doucet

Mailing Address 206 Bon Mange Cir

City

Lafayette

State

LA

Zip Code

70506-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resource-
s, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21738

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Betty R. Doyle

Mailing Address 3304 Cedar Valley Rd

City

Moore

State

OK

Zip Code

73170-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doyle Insurance Source

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21860

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Dana Drake

Mailing Address 706 N 19th St

City

Coeur D Alene

State

ID

Zip Code

83814-5549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schedler Mack Insurance,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21861

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tonya D. Draughon

Mailing Address 19252 SW 3rd Ct

City

Pembroke Pines

State

FL

Zip Code

33029-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renaissance Family of Com-
panies

Occupation
Market Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21065

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Keith M. Duhon

Mailing Address 208 Essex St

City

Lafayette

State

LA

Zip Code

70506-6133

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21873

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Eugene Ebersole

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City

Harahan

State

LA

Zip Code

70123-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates, In-
c.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21041

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael A. Embry

Mailing Address 26240 Wacker Dr

City

New Baltimore

State

MI

Zip Code

48051-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Servic-
es, Inc.

Occupation
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21446

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City

Aurora

State

OH

Zip Code

44202-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.M. Erlenbach, Inc.

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21876

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John G. Fagen

Mailing Address PO Box 19

City

Demotte

State

IN

Zip Code

46310-0019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Arts Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21204

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Nicole Fairbairn

Mailing Address 2113 Dakota Dr

City

Noblesville

State

IN

Zip Code

46062-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Insurance Concep-
ts, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21506

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer Liane Farrell

Mailing Address 6958 W Juniper Ave

City

Peoria

State

AZ

Zip Code

85382-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black, Gould & Associates

Occupation
Sr. Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21267

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Catherine L. Ficara

Mailing Address 26999 Central Park Blvd

City

Southfield

State

MI

Zip Code

48076-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care AdministratorsOccupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21920

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Cynthia A Fichtner

Mailing Address 10030 Gierson Ave

City

Chatsworth

State

CA

Zip Code

91311-2752

FEC ID number of contributing
federal political committee.

C

Name of Employer
ICF Insurance Marketing
Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 8966

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dennis G. Fletcher

Mailing Address 2510 N Pines Rd Ste 205

City

Spokane

State

WA

Zip Code

99206-7636

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Fletcher Financial Gr-
oupOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21183

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

222.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lorraine B. Flint

Mailing Address 12038 Sundial St NE

City

Albuquerque

State

NM

Zip Code

87122-4329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flint & Associates, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21071

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lovelace Health Plan

Occupation
Mgr., Sales/Retention Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P21002

Amount of Each Receipt this Period

500.00

Payroll Deduction

(\$500.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Brenda N. Franklin

Mailing Address 7915 N Hale Ave Ste D

City

Peoria

State

IL

Zip Code

61615-2088

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF HealthPlans

Occupation
Group Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21648

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Robert M Frazer

Mailing Address 1751 Wyngate Cir

City

Mount Pleasant

State

SC

Zip Code

29466-8016

FEC ID number of contributing
federal political committee.

C

Name of Employer
SeniorCareUSA, LLC

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21424

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Linda K. Friedrich

Mailing Address 3011 Crown Pointe Rd

City

Lincoln

State

NE

Zip Code

68506-5168

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21871

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jonathan Frisch

Mailing Address 1528 Wyndham Cv

City

Memphis

State

TN

Zip Code

38120-1426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zalowitz Frisch Benefits
Group

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P21005

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Annually)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City

Wichita Falls

State

TX

Zip Code

76301-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Partners

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21572

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joan A. Fusco

Mailing Address 595 Wood Ave

City

North Brunswick

State

NJ

Zip Code

08902-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Savoy Associates

Occupation
Director, Research & Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21890

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John Robert Gaglione

Mailing Address 905 Prairie St

City

Aurora

State

IL

Zip Code

60506-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMall

Occupation
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21480

Amount of Each Receipt this Period

30.41

Payroll Deduction

(\$30.41 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James S. Garbina

Mailing Address 16510 Summit Dr

City

Omaha

State

NE

Zip Code

68136-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry A. Koch Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21905

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joy K. Gardner

Mailing Address 10605 Sterling Ridge Way

City

Reno

State

NV

Zip Code

89521-5199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comstock Insurance Agenci-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21906

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

G. Russell Garner

Mailing Address 1308 Murraywood Dr

City

Columbia

State

SC

Zip Code

29212-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21269

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles T. Gartlan

Mailing Address 19 Tarworth Ter

City

Manchester

State

NJ

Zip Code

08759-6671

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson, Reid & Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21270

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John Philip Garven

Mailing Address 11865 Blue Bayou Dr

City

Huntley

State

IL

Zip Code

60142-6764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benico, LTD

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21271

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michele Gasparre

Mailing Address 8 Hanks Lane

City

Brenster

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michaels & Associates

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21198

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ronald L. Gay

Mailing Address 3000 Briarcrest Dr Ste 422

City

Bryan

State

TX

Zip Code

77802-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott & White Health Plan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21603

Amount of Each Receipt this Period

84.00

Payroll Deduction

(\$84.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Charles J. Giardina

Mailing Address 41 Seven Oaks Rd

City

Marrero

State

LA

Zip Code

70072-5059

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetLife

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21865

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

James David Gibson

Mailing Address 93 Hollenbeck Rd

City

Irmo

State

SC

Zip Code

29063-8076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gibson & Associates, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21106

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

199.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Gibson

Mailing Address 308 Beulah Ln

City

Irmo

State

SC

Zip Code

29063-9573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gibson & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21450

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Richard R Girdler

Mailing Address 400 Sims Ln

City

Franklin

State

TN

Zip Code

37069-1890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cowan Benefit Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21481

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Willis H. Glaros

Mailing Address 9772 Rosewood Dr

City

Saint John

State

IN

Zip Code

46373-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employer Benefit Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21144

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City

Ridgefield Park

State

NJ

Zip Code

07660-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Employee Benefits Adv-
isors Group

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21273

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Carolyn L. Goodwin

Mailing Address 4959 Mill Run Rd

City

Dallas

State

TX

Zip Code

75244-6530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Goodwin Benefits Group,
LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21426

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Arnolds Andra Grava

Mailing Address 1008 Ashby Dr

City

Allen

State

TX

Zip Code

75002-4790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Central-Dallas Agen-
cy

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P21008

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City

Lincoln

State

NE

Zip Code

68506-7519

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Harry A. Koch Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21880

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Patricia A Griffey

Mailing Address 56294 Primrose Cir

City

Elkhart

State

IN

Zip Code

46516-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Page 1 Benefits, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21272

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert A Grundman

Mailing Address 7412 Karl Dr

City

Lincoln

State

NE

Zip Code

68516-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21849

Amount of Each Receipt this Period

65.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Craig Gussin

Mailing Address 843 Summersong Ct

City

Encinitas

State

CA

Zip Code

92024-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auerbach & Gussin Insuran-
ce and Finan

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21178

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Antonio Gutierrez

Mailing Address 12833 Riverdance Dr

City

Raleigh

State

NC

Zip Code

27613-7093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Benefit Soluti-
ons, Inc.

Occupation

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21457

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Teresa Gutierrez

Mailing Address 12833 Riverdance Dr

City

Raleigh

State

NC

Zip Code

27613-7093

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBS/White Bear Group

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21459

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Anthony W. Halby

Mailing Address 202 Providence Mine Rd Ste 107

City

Nevada City

State

CA

Zip Code

95959-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halby Insurance Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21140

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dwight A. Hall

Mailing Address 6107 Hazelwood Ave

City

Indianapolis

State

IN

Zip Code

46228-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Insurance Market-
ers of America

Occupation
Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21276

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City

Fayetteville

State

NC

Zip Code

28303-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2995.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21278

Amount of Each Receipt this Period

410.00

Payroll Deduction

(\$410.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Gerald G Hartman

Mailing Address 3822 Gemini Cir

City

Boise

State

ID

Zip Code

83709-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network America
Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21281

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lori Headley

Mailing Address PO Box 14725

City

Portland

State

OR

Zip Code

97293-0725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthwise Insurance Plan-
ning

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21129

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City

Broken Arrow

State

OK

Zip Code

74012-5995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21654

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jon Hicks

Mailing Address 3620 Mountainside Dr

City

Colorado Springs

State

CO

Zip Code

80918-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks Benefit Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21285

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Porter W. Hicks

Mailing Address 352 Ridge Top Rd

City

Fleetwood

State

NC

Zip Code

28626-9281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks, Kohler & Associates

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21046

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Donna D. Hill

Mailing Address 3657 Starwood Trl SW

City

Lilburn

State

GA

Zip Code

30047-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
DDH Insurance Consultants,
LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21287

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Richard L Hill

Mailing Address 4435 O St

City

Lincoln

State

NE

Zip Code

68510-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21611

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James H Hissong

Mailing Address 8401 Widmer Rd

City

Lenexa

State

KS

Zip Code

66215-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jim Hissong Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21735

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patrick Lynn Hoefener

Mailing Address 3041 S 41st St

City

Lincoln

State

NE

Zip Code

68506-6214

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual
Insurance C

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 9053

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City

Brookfield

State

WI

Zip Code

53045-4558

FEC ID number of contributing
federal political committee.

C

Name of Employer
National CooperativeRx

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21468

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Angela Hogan

Mailing Address 1233 Lincoln Mall Ste 100

City

Lincoln

State

NE

Zip Code

68508-2876

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross BlueShield of
Nebraska

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21626

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sheri S Hokin

Mailing Address 3330 Dundee Rd Ste C3

City

Northbrook

State

IL

Zip Code

60062-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hokin Sternberg Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21109

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Matthew B. Holcomb

Mailing Address 712 Hill St SE

City

Atlanta

State

GA

Zip Code

30315-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holcomb Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21469

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert V. Holland

Mailing Address PO Box 698

City

Centralia

State

WA

Zip Code

98531-0698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centralia General Agencies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21619

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephen Honig

Mailing Address 18 Cottonwood Dr

City

Princeton Junction

State

NJ

Zip Code

08550-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCA Benefit Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P21012

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Gloria Denise Hopper

Mailing Address 613 Sunnybrook Dr

City

Monroe

State

NC

Zip Code

28110-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Citizens Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21852

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

A. Watts Huckabee

Mailing Address 611 Forest Ln

City

Rock Hill

State

SC

Zip Code

29730-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina's Insurance Group

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21289

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Lisa L. Ills

Mailing Address 2401 E Mercer Ln

City

Phoenix

State

AZ

Zip Code

85028-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Benefit Strategies

Occupation
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21179

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Leah-Anne Janway

Mailing Address 2225 SW 96th St

City

Oklahoma City

State

OK

Zip Code

73159-6861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berryhill Insurance Agenc-
y, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21867

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City

Marion

State

MA

Zip Code

02738-1294

FEC ID number of contributing
federal political committee.

C

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

Occupation
Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21301

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

R. Allan Jensen

Mailing Address 6060 S Kenton Way

City

Englewood

State

CO

Zip Code

80111-5728

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21759

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
David S. Johnson Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21435

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert D. Johnson

Mailing Address 2684 Heywood Ln

City

Hayes

State

VA

Zip Code

23072-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Insurance Conce-
pts, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21063

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sandra Johnson

Mailing Address 15707 Deer Crst

City

San Antonio

State

TX

Zip Code

78248-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hairston, Johnson & Assoc-
iates, PLLC

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21453

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Suzanne K. Johnson

Mailing Address 6235 Morrison Blvd Ste 302

City

Charlotte

State

NC

Zip Code

28211-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Employee Benefit
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21652

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Brent G. Jones

Mailing Address 932 Sonoma Way

City

Sacramento

State

CA

Zip Code

95819-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrity Administrators,
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21081

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Cynthia M. Jones

Mailing Address 24223 English Rose Pl

City

Valencia

State

CA

Zip Code

91354-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance
Services

Occupation
Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21175

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ken Jones

Mailing Address 13500 Shaker Blvd Apt 502

City

Cleveland

State

OH

Zip Code

44120-1572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custom Brokers Insurance

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21246

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Roger B. Jorgensen

Mailing Address 8220 Commonwealth Dr Ste 204

City

Eden Prairie

State

MN

Zip Code

55344-5387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alliance Benefit Group

Occupation
Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21275

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ric Joyner

Mailing Address 2740 Ski Ln

City

Madison

State

WI

Zip Code

53713-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer
eflexgroup.com

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20990

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lawrence Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21863

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

T. Darlene Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21864

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alan S Katz

Mailing Address 8033 W Sunset Blvd # 982

City

Los Angeles

State

CA

Zip Code

90046-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Neighborhood

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 9044

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan E. Katz

Mailing Address 1404 Northpoint Glen Ct

City

Herndon

State

VA

Zip Code

20170-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Medical Plans

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21037

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

George R Keeling

Mailing Address 1875 N Highway 385

City

Levelland

State

TX

Zip Code

79336-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer
George R. Keeling Insurance Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21857

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jean Marie Kelly

Mailing Address 5435 70th Way N

City

Saint Petersburg

State

FL

Zip Code

33709-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Iler Wall & Shoner Insurance Se

Occupation
Benefit Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21249

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kimberly Dawn Kendall

Mailing Address 8 Shady Ln

City

Candler

State

NC

Zip Code

28715-9445

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21721

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Karon Kennedy

Mailing Address 17 Iverson Way

City

Petaluma

State

CA

Zip Code

94952-7530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sales Group Plans

Occupation
Sales Group Plans

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: 9077

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tamara P Kennedy

Mailing Address 9414 E Sera Brisa

City

Scottsdale

State

AZ

Zip Code

85255-6054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21101

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Carolyn J. King

Mailing Address 6 Country Ln

City

Sussex

State

NJ

Zip Code

07461-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Financial

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21423

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City

Yakima

State

WA

Zip Code

98908-2382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conover Insurance, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21250

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rhonda R. Kitter

Mailing Address 300 Bonnie Jean Ct

City

Anchorage

State

AK

Zip Code

99515-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEA Alaska Health Plan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21410

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lonnie Klene

Mailing Address 926 W 22nd St

City

Houston

State

TX

Zip Code

77008-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Core Benefits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21412

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Karen Knippen Loeb

Mailing Address 234 Spring Lake Dr

City

Itasca

State

IL

Zip Code

60143-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Euclid Managers, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20995

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Linda Rose Koehler

Mailing Address 516 Shelley St

City

Livermore

State

CA

Zip Code

94550-2368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Herzog Insurance Agency

Occupation
Health Insurance Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21841

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ross W. Kraft

Mailing Address 21 Jordan Rd

City

New Hartford

State

NY

Zip Code

13413-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Group of New York, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21252

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary B. Kramer

Mailing Address 2120 Nelsons Creek Dr

City

Omaha

State

NE

Zip Code

68116-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associates, Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21723

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Daniel C LaBroad

Mailing Address 710 Farmers Market Way

City

Dallas

State

TX

Zip Code

75201-8451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ovation Health & Life Services, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21397

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

155.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Julian E. Lago

Mailing Address 8104 Bautista Way

City

Palm Beach Gardens

State

FL

Zip Code

33418-8178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plastridge Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21417

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David Lansing

Mailing Address 425 2nd St SE Ste 1150

City

Cedar Rapids

State

IA

Zip Code

52401-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Solutions, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21072

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Andrew M. LaRocco

Mailing Address 16 Dartmouth Ave

City

Avondale Estates

State

GA

Zip Code

30002-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
The LaRocco Companies

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21443

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James A. Lawless

Mailing Address 435 Kingswood

City

Lexington

State

KY

Zip Code

40502-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawless Insurance Agency

Occupation

Owner/Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21254

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Amy L. Layman

Mailing Address 2232 Page Rd

City

Durham

State

NC

Zip Code

27703-8921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Dearborn Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21629

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Scott A. Leavitt

Mailing Address 12988 W Paint Dr

City

Boise

State

ID

Zip Code

83713-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Leavitt Insurance
& Financial S

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21829

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Margaret LeClair

Mailing Address 6701 Upper Afton Rd

City

Saint Paul

State

MN

Zip Code

55125-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer
LeClair Insurance

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20991

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Karen B. Leonard

Mailing Address 8 Shakespeare Rd

City

Hackettstown

State

NJ

Zip Code

07840-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard Financial Group,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21515

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles N. Lineberger

Mailing Address 2927 Berwick Ln

City

Gastonia

State

NC

Zip Code

28054-6055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Partners, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21724

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Larry Link

Mailing Address 6901 Ravine Cir

City

Worthington

State

OH

Zip Code

43085-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer
InsuranceLink Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21307

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Chris Lokken

Mailing Address 2851 W Princeton Ave

City

Eau Claire

State

WI

Zip Code

54703-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Insurance Services

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21389

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sandra K. Longacre

Mailing Address 6030 Norfolk Dr

City

Garland

State

TX

Zip Code

75044-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longacre Benefits Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20989

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Douglas Lubenow

Mailing Address 3 Fulton Dr

City

Mount Laurel

State

NJ

Zip Code

08054-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lubenow Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21656

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susan Tullis Luvisi

Mailing Address 2185 Avian Pl

City

Jacksonville

State

FL

Zip Code

32224-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
James F. Tullis & Associa-
tes, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21257

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City

New York

State

NY

Zip Code

10017-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medical Link, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21171

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas G. Magnus

Mailing Address PO Box 999

City

El Granada

State

CA

Zip Code

94018-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anthem Blue Cross

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21061

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Richard S. Manin

Mailing Address 33 Manchester St

City

Galloway

State

NJ

Zip Code

08205-3678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard S. Manin Insurance

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21309

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kimberly C. Martin

Mailing Address 6 Rasada Dr

City

Weaverville

State

NC

Zip Code

28787-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21725

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Matthew L. Masone

Mailing Address 367 Sheffield Rd

City

Severna Park

State

MD

Zip Code

21146-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Financial GroupOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21387

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$45.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Donald L. Mathern

Mailing Address 7650 Cherrywood Dr

City

Boise

State

ID

Zip Code

83704-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance SpecialistsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21051

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carol Matznick

Mailing Address 3207 Cottingham Ct

City

Greensboro

State

NC

Zip Code

27410-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina AHUOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21836

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City

Greensboro

State

NC

Zip Code

27410-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21402

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tom W Mayer

Mailing Address 2720 Aldrich Ave S

City

Minneapolis

State

MN

Zip Code

55408-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Direct Benefits, Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21404

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John R. McConnaughey

Mailing Address 6312 Anthony Dr

City

Liberty Twp

State

OH

Zip Code

45011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency,
Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21422

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City

South Jordan

State

UT

Zip Code

84095-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21258

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City

Lincoln

State

NE

Zip Code

68507-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Les McGerr & Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21147

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenEx Insurance Agency

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: 9003

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenEx Insurance Agency

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21813

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City

Spokane

State

WA

Zip Code

99202-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western States Jones & Mitchell

Occupation

Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21060

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Eloise Meardith

Mailing Address 2347 Sumac Dr

City

Augusta

State

GA

Zip Code

30906-5503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Insurance Services
(H.I.S.) by

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21415

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Monte A. Merken

Mailing Address 24577 Indian Hill Ln

City

West Hills

State

CA

Zip Code

91307-3829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merken INS.& Invstmnts/ Li-
ncoln Fin. S

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21727

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Nancy E. Mesko

Mailing Address 6110 E Longview Dr

City

East Lansing

State

MI

Zip Code

48823-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brogan, Reed, VanGorder
& Associates

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 8940

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City

Katy

State

TX

Zip Code

77450-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer
TradeMark Insurance Agency
LLC

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21393

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bradley V. Miles

Mailing Address 11417 E 44th Ave

City

Spokane Valley

State

WA

Zip Code

99206-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brad Miles Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21394

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey R. Miles

Mailing Address 736 Amoroso Pl

City

Venice

State

CA

Zip Code

90291-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Miles Organization,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21395

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dennis F. Mobley

Mailing Address 459 Pimlico Pl

City

Jackson

State

MS

Zip Code

39211-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobley Insurance Agency,
LLC

Occupation
Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21728

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Sandra V Mobley

Mailing Address 5454 I 55 N Ste B

City

Jackson

State

MS

Zip Code

39211-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandra Mobley Agency LLCOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21576

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stephanie Monette

Mailing Address 1510 Meadow Wood Ln

City

Reno

State

NV

Zip Code

89502-8503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health PlansOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21649

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David R. Moore

Mailing Address 605 Truitt Dr

City

Elon

State

NC

Zip Code

27244-9262

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21837

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Douglas F. Moore

Mailing Address 2651 Black Oak Ct

City

Wexford

State

PA

Zip Code

15090-7566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seubert & Associates, Inc.

Occupation

Principal & Director, Benefits Divisi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21405

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Wesley P. Moore

Mailing Address PO Box 604

City

Darlington

State

SC

Zip Code

29540-0604

FEC ID number of contributing
federal political committee.

C

Name of Employer
W P Moore Agency

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21643

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carolynne E. Muldoon

Mailing Address 5553 Baca Cir

City

Boulder

State

CO

Zip Code

80301-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Employee Benefit
Group, LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21379

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Leslie M. Muller

Mailing Address 9014 Maple Grove Dr

City

Summerville

State

SC

Zip Code

29485-8865

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group / Ovations

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21563

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Glen W. Mulready

Mailing Address 2708 W 66th Pl

City

Tulsa

State

OK

Zip Code

74132-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Plan Strategies

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21094

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City

Upland

State

CA

Zip Code

91786-4793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray Musser & Assoc. Insurance Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21200

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joshua D. Nace

Mailing Address 936 N 34th St Ste 208

City

Seattle

State

WA

Zip Code

98103-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dental Health Services,
Inc.

Occupation

Vice President Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21688

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Katrina A. Nash

Mailing Address 6812 Rivergate Ln

City

Oklahoma City

State

OK

Zip Code

73132-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21848

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joseph P Navarro

Mailing Address 4044 Cliffrose Ave

City

Moorpark

State

CA

Zip Code

93021-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boomer Break LLC & An Age-
nts Agent

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20999

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City

Baton Rouge

State

LA

Zip Code

70806-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nolan Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21845

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael A. Norris

Mailing Address PO Box 2052

City

Franklin

State

NC

Zip Code

28744-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wayah Agency, Inc.

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21733

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Pamela Nygaard

Mailing Address 1014 4th St W

City

Kirkland

State

WA

Zip Code

98033-5337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectra

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21734

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lora A. Oldham

Mailing Address 20039 E Brightway Dr

City

Mokena

State

IL

Zip Code

60448-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aetna

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21382

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tiffany A. Otis-Albert

Mailing Address 18920 Stonewater Blvd

City

Northville

State

MI

Zip Code

48168-8560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cofinity (formerly PPOM)

Occupation

Vice President Corporate Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21225

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City

Niantic

State

CT

Zip Code

06357-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Agency

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21816

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$90.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City

West Des Moines

State

IA

Zip Code

50265-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Gr-
oup, Inc.

Occupation

CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21226

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$350.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lee Patton

Mailing Address 3105 True Pkwy, Apt 608

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Gr-
oup, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21706

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas H. Peacock

Mailing Address PO Box 61200

City

Columbia

State

SC

Zip Code

29260-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Insurance Group
LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21119

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Alyce Pendell

Mailing Address 3030 SE 12th St Unit 1077

City

Renton

State

WA

Zip Code

98058-3887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sprague Israel Giles, Inc.

Occupation

Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21368

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kenneth G. Penn

Mailing Address 218 North St

City

Portsmouth

State

VA

Zip Code

23704-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
ChamberSolutions

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21227

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carol C. Pennington

Mailing Address 4640 Woodbridge Dr

City

Kernersville

State

NC

Zip Code

27284-8850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennington Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21165

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kishan Perera

Mailing Address 104 Stanwood Ln

City

Manlius

State

NY

Zip Code

13104-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Services
Corp.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P21003

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

David R. Perry

Mailing Address 2003 Charvais Dr

City

Lake Charles

State

LA

Zip Code

70601-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Perry Agency, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21384

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jackie Audrey Peterson

Mailing Address 816 Calle Myriam

City

Sparks

State

NV

Zip Code

89436-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21831

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joe Phiher

Mailing Address 2323 N Houston St

City

Dallas

State

TX

Zip Code

75219-7622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Employee Benefits

Occupation

Sr. Account Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21708

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Paul Pietro

Mailing Address 37 Mechanic St

City

Worcester

State

MA

Zip Code

01608-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-State Insurance Agenc-
y, Inc.

Occupation

Chairman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 9026

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Randall K. Pifer

Mailing Address 940 Colorado Ave

City

Grand Junction

State

CO

Zip Code

81501-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefits Consult-
ing

Occupation

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20993

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

645.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph E. Pittman

Mailing Address 7430 Vinton St

City

Omaha

State

NE

Zip Code

68124-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Association Mana-
gement

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21385

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susan R. Pittman

Mailing Address 32418 51st Ave SW

City

Federal Way

State

WA

Zip Code

98023-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insure NW Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21631

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Angela Potts Bopp

Mailing Address 1205 Highway 2 Ste 202

City

Sandpoint

State

ID

Zip Code

83864-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Insurance Resource
Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21678

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Alex Poulter

Mailing Address 9545 Woodland Dr

City

Lenexa

State

KS

Zip Code

66220-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthEdata

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21138

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jason A. Powers

Mailing Address 9545 Woodland Dr

City

Lenexa

State

KS

Zip Code

66220-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthEdata

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21022

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

D. Michael Pressley

Mailing Address 1075 Moran Rd

City

Franklin

State

TN

Zip Code

37069-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Insurance Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21822

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John G. Prue

Mailing Address 12713 S Edinburgh St

City

Olathe

State

KS

Zip Code

66062-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21710

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Colleen Pruitt

Mailing Address 5805 75th St

City

Lubbock

State

TX

Zip Code

79424-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
TACT Insurance Agency

Occupation
Agency Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21229

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rebecca L. Purdy

Mailing Address 8121 Desert Jewel Cir

City

Las Vegas

State

NV

Zip Code

89128-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Onyx Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21711

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kathy M. Rainwater

Mailing Address 3809 Silverwood Dr

City

Tyler

State

TX

Zip Code

75701-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Threlkeld & Company Insurance

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21823

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey A. Ranf

Mailing Address 2600 Denali St Ste 102

City

Anchorage

State

AK

Zip Code

99503-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wallace Group Services

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21187

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21231

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jon C Rauser

Mailing Address 949 Lamplighter Ln

City

Grafton

State

WI

Zip Code

53024-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rauser Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21232

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kenneth L. Ray

Mailing Address 110 Beaver Bnd

City

Canton

State

MS

Zip Code

39046-9296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Sneed Hewes/Banco-
rpSouth Insu

Occupation
Director of Marketing - Life/H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21233

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dennis J. Recker

Mailing Address 971 N Perry St

City

Ottawa

State

OH

Zip Code

45875-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fawcett, Lammon, Recker
& Associates

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21628

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joni Robin Reents

Mailing Address 12433 Bellaire Dr

City

Thornton

State

CO

Zip Code

80241-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romer, Reents & Associates,
Inc.

Occupation
Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21373

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lois Kohler Rhoades

Mailing Address 352 Ridge Top Rd

City

Fleetwood

State

NC

Zip Code

28626-9281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks, Kohler & Associates

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21573

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Russell Lee Rice

Mailing Address 8830 Buckskin Dr

City

Boerne

State

TX

Zip Code

78006-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer
AVESIS, Inc.

Occupation
Regional VP of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21375

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchasing Alliance Solut-
ions, Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21325

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susan M. Rider

Mailing Address 45 Apple Tree Cir

City

Fishers

State

IN

Zip Code

46038-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gregory & Appel Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21825

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Glen E Riensche

Mailing Address 4316 S 48th St

City

Lincoln

State

NE

Zip Code

68516-1287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Servic-
es

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21623

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address PO Box 1635

City

Irmo

State

SC

Zip Code

29063-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Benefit Services,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21020

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City

El Paso

State

TX

Zip Code

79912-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodman Financial Group

Occupation
VP - Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21712

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael A. Rivera

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21034

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City

Lincoln

State

NE

Zip Code

68506-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21806

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William D. Robinson

Mailing Address 739 E Jackson St

City

Martinsville

State

IN

Zip Code

46151-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual
Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21189

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21827

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mark Rose

Mailing Address 1545 NE 76th St

City

Seattle

State

WA

Zip Code

98115-4373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baldwin Resource Group

Occupation

Vice President Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21376

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Charles P. Rosen

Mailing Address 849 Somera Ct

City

Simi Valley

State

CA

Zip Code

93065-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
CPR Insurance & Financial
Services

Occupation

President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21377

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Eugene L. Rowe

Mailing Address 10430 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90024-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer
R & R Retirement and Insu-
rance Servic

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21820

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City

Budd Lake

State

NJ

Zip Code

07828-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
es

Occupation

Director of Broker Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21236

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jean Russell

Mailing Address 1A Spruce Hill Rd

City

Burlington

State

MA

Zip Code

01803-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitsMart

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21088

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mike Ryan

Mailing Address 7621 Madewood Ln

City

Plano

State

TX

Zip Code

75025-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
UniCare

Occupation

Director of Group Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20996

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Teri Lyn Sackett

Mailing Address 351 Sexton Rd

City

Sebastopol

State

CA

Zip Code

95472-9440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sackett & Associates Insu-
rance Service

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 9045

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gregory S. Sailer

Mailing Address 9721 Wellington Rdg

City

Woodbury

State

MN

Zip Code

55125-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sailer Benefit Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21241

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephen J. Salamon

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landmark Insurance & Fina-
ncial Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21130

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City

Dacula

State

GA

Zip Code

30019-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer
E2E Benefits Services, In-
c.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21242

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ryan A Saul

Mailing Address 1521 Technology Pkwy

City

Cedar Falls

State

IA

Zip Code

50613-6977

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIPACOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21133

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City

Marietta

State

GA

Zip Code

30064-2474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schiebel & Associates, LLC
dba ShopbeOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21244

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mark A. Schlange

Mailing Address 2604 Blackhawk Dr

City

Bellevue

State

NE

Zip Code

68123-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCI Ins. & Fincl. Svcs.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21779

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City

Winston Salem

State

NC

Zip Code

27103-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plans For Health, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21334

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City

Eureka

State

MO

Zip Code

63025-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mengel, Surdyke, Murphy
and Finke

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20994

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Annually)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 95 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John E Schneider

Mailing Address 210 Carden Ave

City

Nashville

State

TN

Zip Code

37205-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial LifeOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	9	

Transaction ID: 9051-P21583

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Denise Michelle Schroeder

Mailing Address 474 E Camino Rancho Cielo

City

Sahuarita

State

AZ

Zip Code

85629-8962

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifeWise Health Plans of
ArizonaOccupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	9	

Transaction ID: 9049-P21028

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City

Silver Spring

State

MD

Zip Code

20901-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sorsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	9	

Transaction ID: 9051-P21620

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James D. Schulz

Mailing Address 7101 S 82nd St

City

Lincoln

State

NE

Zip Code

68516-6584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21145

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dan Schwartzer

Mailing Address 4600 American Pkwy Ste 208

City

Madison

State

WI

Zip Code

53718-8334

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAHU

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21641

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Gregory J. Seifert

Mailing Address 3311 NE 115th St

City

Vancouver

State

WA

Zip Code

98686-3945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biggs Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21336

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ralph Steven Seiler

Mailing Address 948 Hawthorn Rd

City

Allentown

State

PA

Zip Code

18103-4678

FEC ID number of contributing
federal political committee.

C

Name of Employer
R. Steve Seiler Insurance,
LCC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21068

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Steven Selinsky

Mailing Address 28638 Oak Point Dr

City

Farmington Hills

State

MI

Zip Code

48331-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21337

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Bruce J. Setlik

Mailing Address 17808 Harney St

City

Omaha

State

NE

Zip Code

68118-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21789

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Douglas W Sheffer

Mailing Address 110 International Way

City

Springfield

State

OR

Zip Code

97477-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
PacificSource Health Plans

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21045

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kenneth A. Sherlin

Mailing Address 8 1st St

City

Asheville

State

NC

Zip Code

28803-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keystone Financial & Bene-
fit Resources

Occupation
Marketing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21810

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David M. Sherrill

Mailing Address 2844 Regal Ln

City

Oviedo

State

FL

Zip Code

32765-7573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sherrill Insurance Broker-
age, Inc.

Occupation
Vice President/Life & LTC Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21378

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Sherrod

Mailing Address 3810 Holly Ridge Dr

City

Longview

State

TX

Zip Code

75605-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principal Life Insurance
Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21064

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas E. Shores

Mailing Address 8596 W Bolsa St

City

Boise

State

ID

Zip Code

83709-5196

FEC ID number of contributing
federal political committee.

C

Name of Employer
T.A. Shores Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21238

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Eileen M. Shrem

Mailing Address 215 McCabe Ave Apt C1

City

Bradley Beach

State

NJ

Zip Code

07720-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Insurance Pla-
nner

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21239

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

91.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 100 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bob G Shupe

Mailing Address 5904 Hitching Post Ln

City

Nashville

State

TN

Zip Code

37211-6934

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP, Inc

Occupation

President, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21367

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert C. Sichmeller

Mailing Address 4120 Sterlingview Dr

City

Moorpark

State

CA

Zip Code

93021-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sichmeller Insurance and
Financial So

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21240

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patrick Skinner

Mailing Address 2739 Brookside Ln

City

McKinney

State

TX

Zip Code

75070-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patrick Skinner @ Associa-
tes

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P20997

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Annually)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Desmond X. Slattery

Mailing Address 1800 State Route 34

City

Wall

State

NJ

Zip Code

07719-9168

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21148

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Deirdre Slattery Fallon

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762-0256

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21078

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David C. Smith

Mailing Address 1218 Broad St

City

Durham

State

NC

Zip Code

27705-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Directions Group

Occupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21341

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Gregory S. Smith

Mailing Address 4017 W Hollow Trace Dr

City

Peoria

State

IL

Zip Code

61615-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Marketing Services
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21342

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Julie Smith

Mailing Address 10490 Blockade Dr

City

Reno

State

NV

Zip Code

89521-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Julie Smith

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21790

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kevin W. Smith

Mailing Address 6000 Lake Forrest Dr NW

City

Atlanta

State

GA

Zip Code

30328-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSA Insurance Agency

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21084

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Paul E. Smith

Mailing Address 169 Hawthorne Dr

City

Kensington

State

CT

Zip Code

06037-4074

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21356

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Teresa A. Smith

Mailing Address 2828 Lily St

City

Anchorage

State

AK

Zip Code

99508-4771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premiera BlueCross BlueShield of Alaska

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21697

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas E. Snell

Mailing Address 1201 Wilkins Dr

City

Sanford

State

NC

Zip Code

27330-7238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Edge of the Carolinas, Inc.

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21210

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Sherry Soileau

Mailing Address 6421 Perkins Rd Bldg A # 2B

City

Baton Rouge

State

LA

Zip Code

70808-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Besselman & Little Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21673

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tamela L. Southan

Mailing Address 8431 San Leandro Dr

City

Dallas

State

TX

Zip Code

75218-4320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Solutions By Design

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21343

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard Blake Spell

Mailing Address 7873 Bufflehead Ct

City

Greensboro

State

NC

Zip Code

27455-8376

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Healthcare

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21357

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Anne P. Sperling

Mailing Address 25 Antigua Rd

City

Santa Fe

State

NM

Zip Code

87508-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniels Insurance, Inc.

Occupation

Employee Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21358

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jackie L. Spragins

Mailing Address 2009 Speedway Ave

City

Wichita Falls

State

TX

Zip Code

76301-6067

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21793

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Delvin L. Stahl

Mailing Address PO Box 388

City

Sutton

State

NE

Zip Code

68979-0388

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Plus, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21699

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Peter J Stein

Mailing Address 1164 Silver Beech Rd

City

Herndon

State

VA

Zip Code

20170-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation

VP Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21214

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 381 victoria drive

City

Bridgewater

State

NJ

Zip Code

12909

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial Services

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9050-P21548

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
MVS Consulting

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21782

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James R. Stephens

Mailing Address 1607 Lower Union Hill Rd

City

Canton

State

GA

Zip Code

30115-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21604

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael R. Stephens

Mailing Address 11515 S 5th Pl

City

Jenks

State

OK

Zip Code

74037-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21347

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rodney Stuart

Mailing Address 9755 Randall Dr

City

Indianapolis

State

IN

Zip Code

46280-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations, LLP

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21773

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James L. Sugden

Mailing Address 628 Wild Ridge Cir

City

Lafayette

State

CO

Zip Code

80026-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Solution-
s, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21784

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James F. Summers

Mailing Address 15316 Pine St

City

Omaha

State

NE

Zip Code

68144-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21785

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ryan R. Swinton

Mailing Address 9931 N 151st St

City

Waverly

State

NE

Zip Code

68462-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21363

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Marsha Tellesbo

Mailing Address 22887 NE 127th Way

City

Redmond

State

WA

Zip Code

98053-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tellesbo & Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21326

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Harry P. Thal

Mailing Address PO Box 2137

City

Kernville

State

CA

Zip Code

93238-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry P. Thal Insurance
Agency

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9016-P21000

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City

South Jordan

State

UT

Zip Code

84095-4538

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21617

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Helen M. Todd

Mailing Address 54 Belle Meadow Ln

City

Little Rock

State

AR

Zip Code

72210-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 8973

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

John David Todd

Mailing Address 7011 Lucea Rd

City

Little Rock

State

AR

Zip Code

72210-4146

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 8972

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Richard H. Todd

Mailing Address 54 Belle Meadow Ln

City

Little Rock

State

AR

Zip Code

72210-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 8974

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Dave Toeben

Mailing Address 1625 Division St

City

Waite Park

State

MN

Zip Code

56387-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insight Insurance ServicesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21048

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Toups

Mailing Address 4521 Laurel St

City

New Orleans

State

LA

Zip Code

70115-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Insurance GroupOccupation
Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21328

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Janet Trautwein

Mailing Address 7212 Redlac Dr

City

Clifton

State

VA

Zip Code

20124-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHUOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21786

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

C. Louanne Trebing

Mailing Address 1806 Patton Dr

City

Garland

State

TX

Zip Code

75042-8205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trebing Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21787

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Terrie L Trevino

Mailing Address 672 S Tiburon Ave

City

Meridian

State

ID

Zip Code

83642-3590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Idaho

Occupation
Marketing Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21349

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Brian Urban

Mailing Address 11329 Kansas Cir

City

Omaha

State

NE

Zip Code

68164-1555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Resource Group,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21311

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Catherine Van Zant

Mailing Address 11916 W Highway 156

City

West Fork

State

AR

Zip Code

72774-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21775

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert B. Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwind Health Partners

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21788

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ellen Vickers

Mailing Address 921-C S McPherson Church Rd

City

Fayetteville

State

NC

Zip Code

28303-5368

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21633

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles G. Wagner

Mailing Address PO Box 9

City

Burwell

State

NE

Zip Code

68823-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Insurance
Agency, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21687

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Janice Walker

Mailing Address 4019 Cardinal Rd

City

Akron

State

OH

Zip Code

44333-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Designs, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21329

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rand R. Wall

Mailing Address 1004 Sugardale Ct

City

Sugar Land

State

TX

Zip Code

77498-2760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lone Star Health Plans,
Ltd.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21776

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Timothy P. Walsh

Mailing Address 701 Oyster Catcher Dr

City

Hampstead

State

NC

Zip Code

28443-8340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21796

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City

Arlington

State

VA

Zip Code

22201-2573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
VP, Policy and State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21663

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

M. Hughes Warren

Mailing Address 1109 Princeton Dr

City

Wilmington

State

NC

Zip Code

28403-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21698

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John L. Warwick

Mailing Address PO Box 272

City

Chico

State

CA

Zip Code

95927-0272

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Warwick Insurance Se-
rvices

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21217

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mark A Waugh

Mailing Address 125 Powell Rd

City

Newport

State

NC

Zip Code

28570-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21764

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Cecilia La Verne Webb

Mailing Address 8016 Dumas Dr NE

City

Albuquerque

State

NM

Zip Code

87109-5208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lovelace Health Plan

Occupation
Account Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21765

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles A Webb

Mailing Address 15 S Jefferson St

City

Roanoke

State

VA

Zip Code

24011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21143

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dan Webb

Mailing Address 2108 24th St Ste 2

City

Bakersfield

State

CA

Zip Code

93301-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Webb Insurance Group

Occupation
Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21609

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jason Scott Weilage

Mailing Address 3800 Flowering Grove Ct

City

Louisville

State

KY

Zip Code

40241-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Brown

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21777

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles L. Westmoreland

Mailing Address PO Box 925

City

Jackson

State

MS

Zip Code

39205-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Public Life Insurance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director of Agency Development

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21023

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lisa Wetherton

Mailing Address 376 Overlook Point Drive

City

Dahlonega

State

GA

Zip Code

30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Strategies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21218

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Daniel T. Wheeler

Mailing Address 5721 E 118th St

City

Tulsa

State

OK

Zip Code

74137-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plan Benefit Analysts of
Tulsa, Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 9015

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Richard E. Wheeler

Mailing Address 23 Barclay Dr..

City

Pt. Pleasant

State

NJ

Zip Code

08742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard E. Wheeler Insura-
nce Services

Occupation
Sales agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21219

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert H. White

Mailing Address 218 W 6th St

City

Tulsa

State

OK

Zip Code

74119-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
CommunityCare HMO Plans
of OK

Occupation
Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21634

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dale Whiteis

Mailing Address 7820 S Granite Ave

City

Tulsa

State

OK

Zip Code

74136-8456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whiteis Benefits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21676

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

George Williams

Mailing Address 4109 Woodway Dr

City

Monroe

State

LA

Zip Code

71201-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Planning Resources

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21763

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

M. Dwayne Wilson

Mailing Address 203 Chickasaw Trl

City

Maiden

State

NC

Zip Code

28650-9406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dwayne Wilson Insurance
& Financial S

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21767

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Paula L Wilson

Mailing Address 31930 Daniel Way

City

Temecula

State

CA

Zip Code

92591-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paula Wilson, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21768

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Tammy Winn

Mailing Address 5940 Hartson

City

Kyle

State

TX

Zip Code

78640-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21769

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Shelly K Winson

Mailing Address 2491 W Binner Dr

City

Chandler

State

AZ

Zip Code

85224-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer
OptumHealth Financial Ser-
vices

Occupation
Business Development Director,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21317

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rosanne Wolfe

Mailing Address 4600 E Swans Nest Rd

City

Tucson

State

AZ

Zip Code

85718-6248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolfe Insurance & Consult-
ants, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21353

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DianaLou Wolff

Mailing Address 106 Main St

City

Kingston

State

NY

Zip Code

12401-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Counseling Associ-
ates

Occupation

Group & Health Benefit Special

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21354

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Barbara Wright

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intrahealthsolutions, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9051-P21840

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dennis E. Wright

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
IntraHealth Solutions, In-
c.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21222

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 139

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Luann S. Yarberry

Mailing Address 4500 Bermuda Ln

City

Wichita Falls

State

TX

Zip Code

76308-2443

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21318

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert A Ziff

Mailing Address 568 Valleyview Rd

City

Langhorne

State

PA

Zip Code

19047-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avanti Benefits Corp

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 9049-P21190

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

34203.59

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

PAGE 124 / 139

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
PhoenixState
AZZip Code
85072Purpose of Disbursement
FEE

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 9062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	9

Amount of Each Disbursement this Period

447.64

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
PhoenixState
AZZip Code
85072Purpose of Disbursement
Fee

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 9071

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 7300 Chapman Way

City
KnoxvilleState
TNZip Code
37920Purpose of Disbursement
Fee

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 9061

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	9

Amount of Each Disbursement this Period

807.62

SUBTOTAL of Disbursements This Page (optional)

1260.21

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 125 / 139

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement

Analysis Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 9078

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2009

Amount of Each Disbursement this Period

115.98

SUBTOTAL of Disbursements This Page (optional)

115.98

TOTAL This Period (last page this line number only)

1376.19

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 126 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City State Zip Code
DENVER CO 80203

Purpose of Disbursement
Breakfast June

Candidate Name
MICHAEL F BENNET

Office Sought: ☐ House
☒ Senate
☐ President

State: CO District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 8934

Date of Disbursement

07 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CHARLES BOUSTANY JR MD FOR CONGRESS, INC

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Lunch 7.16

Candidate Name
CHARLES DR. JR. BOUSTANY

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 07

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 8932

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

COBURN FOR SENATE 2010

Mailing Address POST OFFICE BOX 977

City State Zip Code
MUSKOGEE OK 74402

Purpose of Disbursement
Dinner 7.29

Candidate Name
THOMAS A COBURN

Office Sought: ☐ House
☒ Senate
☐ President

State: OK District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 9033

Date of Disbursement

07 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096	Transaction ID: 9012 Date of Disbursement <div> <div>07</div> <div>22</div> <div>2009</div> </div>
City BANGOR State ME Zip Code 04402 Purpose of Disbursement Dinner 7.22 Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 00	Amount of Each Disbursement this Period <div>2000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMITTEE, THE Mailing Address P.O. Box 1444 City Ennis State TX Zip Code 75120 Purpose of Disbursement Lunch 7.29 Candidate Name JOE LINUS BARTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 06	Transaction ID: 9030 Date of Disbursement <div> <div>07</div> <div>29</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE Mailing Address 1212 S VICTORY BLVD City BURBANK State CA Zip Code 91502 Purpose of Disbursement Lunch 7.22 Candidate Name DIANNE FEINSTEIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 00	Transaction ID: 9005 Date of Disbursement <div> <div>07</div> <div>22</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City
LITTLE ROCK

State
AR

Zip Code
72203

Purpose of Disbursement
Breakfast 7.9

Candidate Name
BLANCHE LAMBERT LINCOLN

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: 8930

Date of Disbursement

07 / 09 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN NYE

Mailing Address PO Box 68444

City
Virginia Beach

State
VA

Zip Code
23471

Purpose of Disbursement
In-district

Candidate Name
GLENN CARLYLE III NYE

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: 9022

Date of Disbursement

07 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City
Savannah

State
GA

Zip Code
31412

Purpose of Disbursement
Dinner 7.21

Candidate Name
JOHN J. BARROW

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 9019

Date of Disbursement

07 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER	Transaction ID: 9034 Date of Disbursement
Mailing Address Post Office Box 1994	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div>
City State Zip Code Union City TN 38281	Amount of Each Disbursement this Period
Purpose of Disbursement Reception 7.30	<div> <div></div> <div>2000.00</div> </div>
Candidate Name JOHN S. TANNER	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: 8928 Date of Disbursement
Mailing Address POST OFFICE BOX 250116	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 9</div> </div>
City State Zip Code ATLANTA GA 30325	Amount of Each Disbursement this Period
Purpose of Disbursement Dinner 7.7	<div> <div></div> <div>1000.00</div> </div>
Candidate Name JOHN HARDY ISAKSON	<div> <div>010</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: 9029 Date of Disbursement
Mailing Address PO Box U	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 9</div> </div>
City State Zip Code Marietta GA 30060	Amount of Each Disbursement this Period
Purpose of Disbursement Breakfast	<div> <div></div> <div>1000.00</div> </div>
Candidate Name J. PHILLIP GINGREY	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

PAGE 130 / 139

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City
SALT LAKE CITYState
UTZip Code
84101Purpose of Disbursement
Breakfast 7.9Candidate Name
ORRIN G HATCH011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: 8931

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

HAWKEYE PAC, THE

Mailing Address PO Box 7255

City
Des MoinesState
IAZip Code
50309Purpose of Disbursement
Breakfast 7.28Candidate Name
HAWKEYE PAC, THE011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 9047

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

HOYER FOR CONGRESS

Mailing Address 4201 Northview Dr, Ste 307

City
BowieState
MDZip Code
20716Purpose of Disbursement
EventCandidate Name
STENY HAMILTON HOYER011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 9013

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

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 131 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City
PHOENIX

State
AZ

Zip Code
85064

Purpose of Disbursement
Dinner 7.23

Candidate Name
JON L KYL

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: 9006

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City
PHOENIX

State
AZ

Zip Code
85064

Purpose of Disbursement
Void

Candidate Name
JON L KYL

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: 9017

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

LISA MURKOWSKI FOR US SENATE

Mailing Address PO BOX 100847

City
ANCHORAGE

State
AK

Zip Code
99510

Purpose of Disbursement
Lunch 7.22

Candidate Name
LISA MURKOWSKI

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: 9008

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 132 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
LISA MURKOWSKI FOR US SENATE

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement
VOID

Candidate Name
LISA MURKOWSKI

Office Sought: ☐ House
☒ Senate
☐ President

State: AK District: 00

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

007
Category/
Type

Transaction ID: 9080

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

-1000.00

B. Full Name (Last, First, Middle Initial)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 8060

City TYLER State TX Zip Code 75711

Purpose of Disbursement
Dinner 7.23

Candidate Name
LOUIE GOHMERT

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 9014

Date of Disbursement

07 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement
Dinner 7.21

Candidate Name
JAMES MATHESON

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 9007

Date of Disbursement

07 / 21 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 133 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) **MATHESON FOR CONGRESS**

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement
Void

Candidate Name
JAMES MATHESON

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 9018

Date of Disbursement

07 / 21 / 2009

Amount of Each Disbursement this Period

-2500.00

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

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement
Breakfast

Candidate Name
JAMES MATHESON

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 9009

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

1500.00

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

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Lunch 7.8

Candidate Name
MICHAEL C. DR. BURGESS

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 26

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 8929

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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 134 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS	Transaction ID: 8965 Date of Disbursement
Mailing Address P.O. Box 1	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 9</div> </div>
City Lumberton State NC Zip Code 28359	Amount of Each Disbursement this Period
Purpose of Disbursement Meeting	<div>1000.00</div>
Candidate Name MIKE MCINTYRE	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: 9010 Date of Disbursement
Mailing Address PO Box 360	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 9</div> </div>
City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
Purpose of Disbursement Breakfast 7.28	<div>1000.00</div>
Candidate Name MICHAEL AVERY ROSS	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SENATE CONSERVATIVES FUND	Transaction ID: 8933 Date of Disbursement
Mailing Address 228 S. Washington St., Ste. 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement DeMint Event	<div>2500.00</div>
Candidate Name SENATE CONSERVATIVES FUND	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 135 / 139

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: 9020 Date of Disbursement
Mailing Address P.O. Box 32025	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period
Purpose of Disbursement Dinner 7.23	<div>1000.00</div>
Candidate Name SENATE MAJORITY FUND	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: 9004 Date of Disbursement
Mailing Address P.O. BOX 2006	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 9</div> </div>
City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period
Purpose of Disbursement Dinner 7.21	<div>2000.00</div>
Candidate Name OLYMPIA J SNOWE	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.	Transaction ID: 9021 Date of Disbursement
Mailing Address P.O. BOX 40233	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 0 9</div> </div>
City FORT WAYNE State IN Zip Code 46804	Amount of Each Disbursement this Period
Purpose of Disbursement Breakfast 7.22	<div>1000.00</div>
Candidate Name MARK E SOUDER	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 / 139

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

VOLUNTEERS FOR SHIMKUS

Mailing Address PO Box 5458

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Lunch 7.31

Candidate Name
JOHN M SHIMKUS

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 19

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 9035

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

36000.00

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 137 / 139

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Cynthia H. Doucet Mailing Address 206 Bon Mange Cir	Transaction ID: 9067 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 9</div> </div>
City State Zip Code Lafayette LA 70506 Purpose of Disbursement contribution refunded Candidate Name Cynthia H. Doucet Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>30.00</div> <div>010</div> Category/ Type
B. Full Name (Last, First, Middle Initial) D. Keith Kennedy Mailing Address 359 Wisconsin Ave City State Zip Code Long Beach CA 90814 Purpose of Disbursement contribution refunded Candidate Name D. Keith Kennedy Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9068 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <div>010</div> Category/ Type
C. Full Name (Last, First, Middle Initial) John Woods Mailing Address 806 Perkinswood Blvd NE City State Zip Code Warren OH 44483 Purpose of Disbursement contribution refunded Candidate Name John Woods Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9065 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>30.00</div> <div>010</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

70.00

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 138 / 139

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Joseph A. Kelliher Mailing Address 24 Sawyer Dr	Transaction ID: 9064 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 9</div> </div>
City State Zip Code Salem VA 24153 Purpose of Disbursement contribution refunded Candidate Name Joseph A. Kelliher Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>30.00</div> <div>010</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Kimberly Dawn Kendall Mailing Address 8 Shady Ln City State Zip Code Candler NC 28715 Purpose of Disbursement contribution refunded Candidate Name Kimberly Dawn Kendall Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9063 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <div>010</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Monte A. Merken Mailing Address 24577 Indian Hill Ln City State Zip Code West Hills CA 91307 Purpose of Disbursement contribution refunded Candidate Name Monte A. Merken Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9066 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>30.00</div> <div>010</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

70.00

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 139 / 139

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 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 PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mteesa K Shouse

Mailing Address 110 W 7th St Ste 2520

City State Zip Code
Tulsa OK 74119

Purpose of Disbursement
contribution refunded

Candidate Name
Mteesa K Shouse

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 9069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Susan M. Rider

Mailing Address 45 Apple Tree Cir

City State Zip Code
Fishers IN 46038

Purpose of Disbursement
contribution refunded

Candidate Name
Susan M. Rider

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 9070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

40.00

TOTAL This Period (last page this line number only)

180.00