

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1212 NEW YORK AVE NW WASHINGTON DC 20005

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 12 / 01 / 2013 through 12 / 31 / 2013

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 Jennifer Murphy [Electronically Filed] Date 01 / 13 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		88834.18
(b) Cash on Hand at Beginning of Reporting Period.....	127478.85	
(c) Total Receipts (from Line 19) .....	42103.14	479430.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	169581.99	568264.94
7. Total Disbursements (from Line 31).....	12631.08	411314.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	156950.91	156950.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Report Covering the Period: From:  /  /  To:  /  /

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).....	33028.59	286167.32
(ii) Unitemized .....	6074.50	181763.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39103.09	467930.33
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	39103.09	467930.33
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3000.00	11500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.05	0.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42103.14	479430.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42103.14	479430.76

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	10631.08	49849.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10631.08	49849.03
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	356500.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	465.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	465.00
29. Other Disbursements .....	0	4500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12631.08	411314.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12631.08	411314.03

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	39103.09	467930.33
34. Total Contribution Refunds (from Line 28(d)) .....	0	465.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39103.09	467465.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10631.08	49849.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10631.08	49849.03

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mark K. Ackerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 St. Julian Place  
 City Columbia State SC Zip Code 29204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Management Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82091**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. David Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 736 Johnson Ferry Road Building C  
 City Marietta State GA Zip Code 30068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82306**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

**C. Jill Age**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 397 Little Neck Road Suite 300  
 City Virginia Beach State VA Zip Code 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TFA Benefits Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81810**  
 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: (check only one)	PAGE 7 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Suzetta E. Alberts**  
Full Name (Last, First, Middle Initial)

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 Services, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2013**

**Transaction ID : 15288-P82685**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

**B. Karl W. Albrecht**  
Full Name (Last, First, Middle Initial)

Mailing Address 26533 Evergreen Rd Ste 400

City Southfield State MI Zip Code 48076-

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

Name of Employer Action Benefits Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : 15295**

Amount of Each Receipt this Period **5000.00**

**C. Terry Allard**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1180.00**

Date of Receipt **12 / 23 / 2013**

**Transaction ID : 15287-P81969**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **5130.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel Alm**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 3248  
City Omaha State NE Zip Code 68180  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Blue Cross and Blue Shield of Nebraska Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82630**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Kris Amen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6075 Poplar Avenue, Suite 221  
City Memphis State TN Zip Code 38119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Humana Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82566**  
Amount of Each Receipt this Period **20.00**  
Payroll Deduction (\$20.00 Monthly)

**C. Robert E. Anders**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 628  
City Naples State FL Zip Code 34106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Anders Insurance Agency Inc Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82357**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **92.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Melinda S. Anderson-Wallis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 N 36th Street  
 City Lafayette State IN Zip Code 47905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Employee Benefit Solutions of IN, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82329**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Joanna Antongiovanni**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 795008  
 City San Antonio State TX Zip Code 78279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wortham Insurance & Risk Management Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82568**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Steve Armstrong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Newpointe Drive  
 City Ridgeland State MS Zip Code 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hub International Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81861**  
 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: (check only one)	PAGE 10 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Elizabeth Ashmore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6102 82nd St, Bldg #6  
 City Lubbock State TX Zip Code 79423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ashmore & Associates Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2165.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82707**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction  
 (\$170.00 Monthly)

**B. Kimberly L. Auclair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6873 Raccoon Ct  
 City Viera State FL Zip Code 32940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pineapple Financial Services, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81867**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Randolph J. Ayers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4151 Executive Pkwy, Suite 210  
 City Westerville State OH Zip Code 43081-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National United Brokers Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : 15294**  
 Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>565.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Catherine A. Bajkowski</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82539</b>
Mailing Address 188 Industrial Drive, Suite 226		Amount of Each Receipt this Period 30.00
City Elmhurst	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer CB Health Insurance	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Donald L. Balla</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82224</b>
Mailing Address 1320 Grant Building		Amount of Each Receipt this Period 30.00
City Pittsburgh	State PA	Zip Code 15219
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Simpson & McCrady LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy N. Barhorst</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82172</b>
Mailing Address 5222 Double Eagle Drive		Amount of Each Receipt this Period 42.00
City Westerville	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Business Partners, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dawn Barr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1305 NE 29th St.  
City Ankeny State IA Zip Code 50021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mercer Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82350**  
Amount of Each Receipt this Period 42.00  
Payroll Deduction (\$42.00 Monthly)

**B. William J. Barrett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 Creekside Plaza Suite 161  
City Gahanna State OH Zip Code 43230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Standard Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82324**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**C. Diane L. Barton-Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3856 S. Boulevard, Suite 100  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gallagher Benefit Services, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82697**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 102.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2601C Blanding Ave #222

City Alameda State CA Zip Code 94501

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

Name of Employer John Baskett Insurance Services Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 23 / 2013**

**Transaction ID : 15287-P82338**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

**B. David S. Bauer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1027 Tahoe Drive

City Belmont State CA Zip Code 94002

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

Name of Employer Bauer Financial Services Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2013**

**Transaction ID : 15287-P82092**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

**C. Chris J. Beach**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 72848

City Richmond State VA Zip Code 23235

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

Name of Employer Beach Benefits Group, Ltd. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2013**

**Transaction ID : 15287-P82395**

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: (check only one)	PAGE 14 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Darrald T. Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3922 Rampart ST  
 City Boise State ID Zip Code 83704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bean Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81860**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Debra Beaucoudray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5515 Superior Dr. Suite A-1  
 City Baton Rouge State LA Zip Code 70816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaucoudray Medica Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82175**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**C. Ann C. Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2171 So. Pebblecreek Lane  
 City Boise State ID Zip Code 83706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82449**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>102.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Marie D. Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 4th Ave S. #1500  
 City Minneapolis State MN Zip Code 55415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DeRuyter-Bell, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **486.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82444**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Jeffrey S. Bensman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 648 N Plankinton Ave Suite 250  
 City Milwaukee State WI Zip Code 53203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Security Financial Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82535**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20.00 Monthly)

**C. Bruce D. Benton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17200 Ventura Blvd Suite 312  
 City Encino State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Genesis Financial & Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2040.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82538**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stephanie Berger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 79 Daily Dr. #276

City Camarillo	State CA	Zip Code 93010
-------------------	-------------	-------------------

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

Name of Employer HLS Insurance Services	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82129**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

**B. Lori Bergsma**  
Full Name (Last, First, Middle Initial)  
Mailing Address 643 Canyon Drive

City Twin Falls	State ID	Zip Code 83301
--------------------	-------------	-------------------

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

Name of Employer Balanced Rock Insurance Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82104**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

**C. Christian Bergstrom**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 1st Avenue South,#500

City Saint Petersburg	State FL	Zip Code 33701
--------------------------	-------------	-------------------

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

Name of Employer Wallace Welch & Willingham, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82198**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David A Berman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

Name of Employer Neace Lukens Holding Company, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1145.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82473**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

**B. Ernest Berry**  
Full Name (Last, First, Middle Initial)

Mailing Address 5121 69th St., A9A

City Lubbock State TX Zip Code 79424

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

Name of Employer Berry Agency Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82650**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

**C. Thomas Besselman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81915**

Amount of Each Receipt this Period **250.00**

Payroll Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **365.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James P Better**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Summer Street, Suite 6  
 City Chelmsford State MA Zip Code 01824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New England Medical Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82251**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction **(\$85.00 Monthly)**

**B. Spencer Biegel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4225 Trapline Drive  
 City Anchorage State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alaskan Benefit Insurance Consultants Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82062**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction **(\$30.00 Monthly)**

**C. Robert J Bishop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 E. Warm Springs Rd., Suite 108  
 City Las Vegas State NV Zip Code 89119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Healthcare Access Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82341**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction **(\$100.00 Monthly)**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bradford H. Blain**  
Full Name (Last, First, Middle Initial)

Mailing Address AI Torstrick Insurance Agency, In

City Lexington	State KY	Zip Code 40504
-------------------	-------------	-------------------

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

Name of Employer AI Torstrick Insurance Agency, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81832**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Russ Blakely**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11310

City Chattanooga	State TN	Zip Code 37401
---------------------	-------------	-------------------

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

Name of Employer Russ Blakely & Associates	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81826**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Donna J. Blizman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1939 Racimo Dr

City Sarasota	State FL	Zip Code 34240
------------------	-------------	-------------------

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

Name of Employer Employee Benefits Marketing Group	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82543**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Andrea M. Block</b>			Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82547</b>
Mailing Address PO Box 1809			Amount of Each Receipt this Period 20.00
City Candler	State NC	Zip Code 28715	Payroll Deduction (\$20.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00	
Name of Employer Insurance Specialties, Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. David M. Block</b>			Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82453</b>
Mailing Address P O Box 1809			Amount of Each Receipt this Period 30.00
City Candler	State NC	Zip Code 28715	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer Insurance Specialties, Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Michele B. Bloom</b>			Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82688</b>
Mailing Address 4507 N Front Street			Amount of Each Receipt this Period 30.42
City Harrisburg	State PA	Zip Code 17110	Payroll Deduction (\$30.42 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.04	
Name of Employer Emerson, Reid & Co	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 175  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Daniel J. Boaz**

Mailing Address 5565 Roberts Drive Suite 100

City Atlanta State GA Zip Code 30338

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

Name of Employer HealthLife Group, LLC Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81973**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Andrea J. Bogard**

Mailing Address 100 W. Court Ave. Suite 207

City Jeffersonville State IN Zip Code 47130

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

Name of Employer A. Bogard Insurance Group Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82674**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction  
 (\$20.00 Monthly)

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

Mailing Address 602 Main Street

City Cedar Falls State IA Zip Code 50613

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

Name of Employer The Accel Group Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82060**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 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: (check only one)	PAGE 22 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Victoria J. Braden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5726 Fairley Hall Court  
 City Norcross State GA Zip Code 30092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Braden Benefit Strategies, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82691**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction (\$250.00 Monthly)

**B. Jodie E. Braner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3348 Peachtree Road, NE Tower 200  
 City Atlanta State GA Zip Code 30326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hays Companies of Georgia Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82229**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction (\$25.00 Monthly)

**C. William J. Brannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Terrace Way, Suite B  
 City Greensboro State NC Zip Code 27403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Group US, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82385**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Emily Black Bremer**  
Full Name (Last, First, Middle Initial)

Mailing Address 8000 Bonhomme Ave., # 213

City Saint Louis	State MO	Zip Code 63105
---------------------	-------------	-------------------

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

Name of Employer Bremer Conley LLC	Occupation Broker
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82334**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**B. Donna L. Briggs**  
Full Name (Last, First, Middle Initial)

Mailing Address 4520 Holland Office Park # 417

City Virginia Beach	State VA	Zip Code 23452
------------------------	-------------	-------------------

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

Name of Employer Commonwealth Employee Benefit Solutio	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82259**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Sydney K. Briley**  
Full Name (Last, First, Middle Initial)

Mailing Address 605 E. Van Buren St.

City Broken Arrow	State OK	Zip Code 74011
----------------------	-------------	-------------------

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

Name of Employer Employee Benefit Solutions, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81820**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Eleanor M. Brockhurst**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 East Osborn Road, Suite 110

City Phoenix	State AZ	Zip Code 85014
-----------------	-------------	-------------------

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

Name of Employer Brockhurst & Associates, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82133**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

**B. Belinda Brooks**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 460

City Luckey	State OH	Zip Code 43443
----------------	-------------	-------------------

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

Name of Employer Unknown	Occupation Broker
-----------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82530**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address P. O. Box 10876

City Lynchburg	State VA	Zip Code 24506
-------------------	-------------	-------------------

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

Name of Employer Personal Design Financial Services, I	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82139**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Karen Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4811 Gaillardia Parkway Suite 300  
 City Oklahoma City State OK Zip Code 73142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maschino, Hudelson & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82661**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

**B. Madeleine Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1490,  
 City Jackson State MS Zip Code 39215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81852**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. William L. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2909 Four Corners Dr.  
 City Grand Junction State CO Zip Code 81503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer William L. Brown Ins. Services, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82583**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Keith Brownrigg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8156 E South Wadworth Blvd Ste 328  
 City Littleton State CO Zip Code 80128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Benefit Team, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82149**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Anthony C Buechler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1203 Colonial Circle  
 City Papillion State NE Zip Code 68046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buechler Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82019**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Ronald S. Buffum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 South Harris Street # 237  
 City Round Rock State TX Zip Code 78664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Buffum Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82252**  
 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: (check only one)	PAGE 27 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Scott T. Buie**

Mailing Address 6440 South Wasatch Blvd., #150

City	State	Zip Code
Salt Lake City	UT	84121

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

Name of Employer	Occupation
Buie Insurance Services	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82616**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Jennifer Bundy-Cobb**

Mailing Address 3000 A Street, Suite 400

City	State	Zip Code
Anchorage	AK	99503-

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

Name of Employer	Occupation
The Wilson Agency, LLC	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82713**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Patrick Burns**

Mailing Address 5653 Maxwellton Road

City	State	Zip Code
Oakland	CA	94618

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

Name of Employer	Occupation
Burns Employee Benefits Insurance Ser	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81814**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Joseph W. Buyalos**

Mailing Address 9713 Key West Ave, Suite 401

City	State	Zip Code
Rockville	MD	20850

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

Name of Employer	Occupation
The Insurance Exchange, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81837**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Raymond F. Buza**

Mailing Address 214 East Lakewood Road

City	State	Zip Code
West Palm Beach	FL	33405

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

Name of Employer	Occupation
Palm Beach Insurance Advisory Group,	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82244**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Tim Byrne**

Mailing Address P O Box 8950

City	State	Zip Code
Madison	WI	53708

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

Name of Employer	Occupation
M3 Insurance, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82718**

Amount of Each Receipt this Period  
25.00

Payroll Deduction  
(\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William V. Cable**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1770 Independence Court  
 City Vestavia State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alternative Insurance Resources Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82056**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**B. Kareim R. Cade**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28411 Northwestern Hwy., Ste 950  
 City Southfield State MI Zip Code 48034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Great Lakes Benefit Group Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82581**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. David A. Cagliola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Liberty Ridge Drive, Suite 3  
 City Wayne State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Radnor Benefits Group, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81801**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Loretta L. Camp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10101 Reunion Place, Ste 300

City San Antonio	State TX	Zip Code 78216
---------------------	-------------	-------------------

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

Name of Employer Davidson Camp Insurance Services	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82174**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Julianne Canter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32110 Agoura Road

City Westlake Village	State CA	Zip Code 91361
--------------------------	-------------	-------------------

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

Name of Employer Warner Pacific Insurance Services	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82243**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Lori Carter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1937 Thomson Dr

City Lynchburg	State VA	Zip Code 24501
-------------------	-------------	-------------------

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

Name of Employer Piedmont Community Heath Plan, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82029**

Amount of Each Receipt this Period  
35.00

Payroll Deduction  
(\$35.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Louie L. Cason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 11229  
 City Columbia State SC Zip Code 29211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cason Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82377**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**B. Lorelei G. Castellani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 905  
 City Branchville State NJ Zip Code 07826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Guidance Systems Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82303**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction (\$25.00 Monthly)

**C. Russell B. Childers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1547  
 City Americus State GA Zip Code 31709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Russ Childers, CLU Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1215.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81925**  
 Amount of Each Receipt this Period **90.00**  
 Payroll Deduction (\$90.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Shelley A Chornak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 East 9th Street, Suite 800  
 City Cleveland State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Strategic Employee Benefit Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81986**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Jonathan S. Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6084 South 900 East, Suite 102  
 City Salt Lake City State UT Zip Code 84121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fringe Benefit Analysts Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82123**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Rita H. Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3342 Greystone Way  
 City Valdosta State GA Zip Code 31605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer H&H Insurance Solutions, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82346**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **114.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jeff Cloer**  
Full Name (Last, First, Middle Initial)

Mailing Address 295 East Palmer Street

City Franklin State NC Zip Code 28734

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

Name of Employer Wayah Insurance Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82365**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**B. Richard P. Coburn**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Minor Court

City San Rafael State CA Zip Code 94903

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

Name of Employer The Word and Brown Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P81954**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**C. Dorothy M. Cociu**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6677

City Fullerton State CA Zip Code 92834

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

Name of Employer Advanced Benefit Consulting & Insuran Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82035**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Barry S. Cohn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21515 Vanowen St Ste 200  
City Canoga Park State CA Zip Code 91303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RGEB Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82336**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Maggie Coley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29 Olde Gate Court  
City Pooler State GA Zip Code 31322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coley Benefit Services, Inc Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **408.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82480**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**C. Kevin M. Conley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8000 Bonhomme Ave Suite 213  
City Clayton State MO Zip Code 63105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bremer Conley LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81971**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **114.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Teresa Conto**

Mailing Address 15800 Crabbs Branch Way #350

City	State	Zip Code
Rockville	MD	20855

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

Name of Employer	Occupation
Independent Benefit Services LLC	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82694**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. David Contorno**

Mailing Address 109 Professional Park Dr Ste 103

City	State	Zip Code
Mooresville	NC	28117

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

Name of Employer	Occupation
Lake Norman Benefits, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81916**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Troy J. Cook**

Mailing Address 6428 Wilcot Ct.

City	State	Zip Code
Johnston	IA	50131

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

Name of Employer	Occupation
Marsh U.S. Consumer	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82569**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Catherine L. Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39500 High Pointe Blvd., Suite 400  
 City State Zip Code  
 Novi MI 48375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Alliance Administrators Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15287-P82114**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**B. Bob Copeland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Larkspur Landing Circle, Suit  
 City State Zip Code  
 Larkspur CA 94939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Copeland Insurance Services Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15287-P82135**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. John B. Crable**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5000 Dearborn Cir. Ste 100  
 City State Zip Code  
 Mount Laurel NJ 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Corporate Synergies Group, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15287-P82014**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction  
 (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Valerie Lynn Cramer</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82521</b>
Mailing Address 588 3 Mile Road NW Suite 101		Amount of Each Receipt this Period 50.00
City Grand Rapids	State MI	Zip Code 49544
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)	
Name of Employer Grotenhuis	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Craig Thomas Currier</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15285-P81707</b>
Mailing Address 11213 Davenport St. Ste. 201		Amount of Each Receipt this Period 20.83
City Omaha	State NE	Zip Code 68154
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.83 Monthly)	
Name of Employer Aon Risk Solutions	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) <b>C. Reed Damron</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82013</b>
Mailing Address 5880 Live Oak Parkway, Suite 250		Amount of Each Receipt this Period 85.00
City Norcross	State GA	Zip Code 30093
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer HIRE Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Melissa Davies**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 Sandhill Rd STE 310  
 City Reno State NV Zip Code 89521  
 Name of Employer Clark and Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82227**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Kelly Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2965 Alt. 19 North  
 City Palm Harbor State FL Zip Code 34683  
 Name of Employer Alltrust Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82239**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Sandra H. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 148  
 City Watson State LA Zip Code 70786  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82608**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 102.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Johnny Dawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 921-C S. McPherson Church Road

City Fayetteville State NC Zip Code 28303

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81874**

Amount of Each Receipt this Period  
120.00

Payroll Deduction  
(\$120.00 Monthly)

**B. Sandra Dealey**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 Dupont Commerce Court Suite

City Fort Wayne State IN Zip Code 46825

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

Name of Employer Business Distribution Solutions Occupation Regional Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82422**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Johnnie O. Debler**  
Full Name (Last, First, Middle Initial)

Mailing Address 1102 E. Laurel St.

City Rockport State TX Zip Code 78382

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

Name of Employer GSM Insurors Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82358**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Teresa F. DeBruin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 Live Oak Parkway Suite 230  
 City Norcross State GA Zip Code 30093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DeBruin Benefit Services, Inc./ The L Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82026**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Nathan Dee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9900 Covington Cross Dr #210  
 City Las Vegas State NV Zip Code 89144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Business Benefits, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81838**  
 Amount of Each Receipt this Period 31.00  
 Payroll Deduction (\$31.00 Monthly)

**C. Scott A Delisi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 Fallbrook Blvd  
 City Lincoln State NE Zip Code 68521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ameritas Life Insurance Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82588**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 103.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Al DeRuyter</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82665</b>
Mailing Address 10201 Wayzata Blvd., Ste 135		Amount of Each Receipt this Period 30.00
City Hopkins	State MN	Zip Code 55305
FEC ID number of contributing federal political committee. C	Name of Employer DeRuyter Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Kathleen A Dibble</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82258</b>
Mailing Address 835 Calle Compo		Amount of Each Receipt this Period 20.00
City Thousand Oaks	State CA	Zip Code 91360
FEC ID number of contributing federal political committee. C	Name of Employer Aetna	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Rush David Dixon</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82046</b>
Mailing Address 15200 Omega Drive, #100		Amount of Each Receipt this Period 85.00
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Name of Employer Early Cassidy and Schilling	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.00	
		Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Russell R. Dixon</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82286</b>
Mailing Address PO Box 27		Amount of Each Receipt this Period 27.00
City Wheaton	State IL	Zip Code 60187
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$27.00 Monthly)	
Name of Employer Colonial Life	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name (Last, First, Middle Initial) <b>B. Claudia S. Dodge</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82167</b>
Mailing Address 2108 W Laburnum Ave., # 300		Amount of Each Receipt this Period 30.00
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Michael B. Dollins</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82729</b>
Mailing Address PO Box 12120		Amount of Each Receipt this Period 20.00
City Oklahoma City	State OK	Zip Code 73157
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Monthly)	
Name of Employer Dollins & Company, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cynthia H. Doucet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Mondrian Way  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Global Financial Resources, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82527**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Joseph F. Dowd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 Midlantic Dr. #301 West  
 City Mt. Laurel State NJ Zip Code 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kistler Tiffany Benefits Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82327**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Betty R. Doyle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 SE 3rd, Suite A  
 City Moore State OK Zip Code 73160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doyle-Crow & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82617**  
 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: (check only one)	PAGE 44 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dana Drake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1401 East Sherman Avenue  
City Coeur D Alene State ID Zip Code 83814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Schedler Mack Insurance, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82646**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Sam Drysdale**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4520 S National  
City Springfield State MO Zip Code 65810  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81962**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**C. Daniel T. Duffy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 462 S 4th Ave 19th Floor  
City Louisville State KY Zip Code 40202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Strategic Employee Benefit Services Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82077**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **102.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Keith M. Duhon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 80158  
 City Lafayette State LA Zip Code 70598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Family Insurance Center, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82457**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Geoffrey R Duke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9920 Kincey Ave Suite 120  
 City Huntersville State NC Zip Code 28078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MPAY Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82386**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**C. Tina Durand**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O.Box 61157  
 City Corpus Christi State TX Zip Code 78466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heavin & Associates Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82611**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **114.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael Dysart**  
Full Name (Last, First, Middle Initial)

Mailing Address 2815 Camino Del Rio South, Suite

City San Diego State CA Zip Code 92108

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

Name of Employer Healthcare Solutions Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81854**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

**B. Eugene Ebersole**  
Full Name (Last, First, Middle Initial)

Mailing Address 639 Loyola Ave., Suite 2560

City New Orleans State LA Zip Code 70113

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

Name of Employer AonHewitt Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1061.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82073**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

**C. David H. Eblen**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 South Liberty, # 221

City Jackson State TN Zip Code 38301

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

Name of Employer The Eblen Agency/A Division of IPSEO Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82337**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **157.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Wendy Ebner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 AAA Drive, Suite 205

City Hamilton State NJ Zip Code 08691

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

Name of Employer Savoy Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81822**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

**B. Jeanne A. Embry**  
Full Name (Last, First, Middle Initial)

Mailing Address 26240 Wacker Drive

City Chesterfield Twp. State MI Zip Code 48051

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

Name of Employer Comprehensive Benefit Solutions, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81905**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

**C. Michael A. Embry**  
Full Name (Last, First, Middle Initial)

Mailing Address 26240 Wacker Dr.

City Chesterfield Twp. State MI Zip Code 48051

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

Name of Employer Comerica Insurance Services, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82284**

Amount of Each Receipt this Period  
 170.00

Payroll Deduction  
 (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gregory Engle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1151 Red Mile Road  
City Lexington State KY Zip Code 40504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Insurance Marketing Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82288**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**B. John G. Fagen**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 19  
City Demotte State IN Zip Code 46310  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Financial Arts Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82320**  
Amount of Each Receipt this Period **25.00**  
Payroll Deduction (\$25.00 Monthly)

**C. Nicole Fairbairn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8069 Little Circle Road  
City Noblesville State IN Zip Code 46060  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Creative Insurance Concepts Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **535.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82257**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **97.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dominick Fanuele**  
Full Name (Last, First, Middle Initial)  
Mailing Address 214 Little Falls Rd., 2nd Floor  
City Fairfield State NJ Zip Code 07004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fanuele Financial Group LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82130**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Cheryl S. Farmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13800 Jackson Road  
City Mishawaka State IN Zip Code 46544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Keystone Insurers Group Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82347**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

**C. Jennifer Liane Farrell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3800 North Central Avenue 9th Flo  
City Phoenix State AZ Zip Code 85012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Black Gould & Associates Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **480.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82396**  
Amount of Each Receipt this Period **40.00**  
Payroll Deduction (\$40.00 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: (check only one)	PAGE 50 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Sam Fiorentino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1931 Georgetown Rd., Suite 212  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sam Fiorentino & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81879**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Jeffrey R Fishback**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 736 Johnson Ferry Road Building C  
 City Marietta State GA Zip Code 30068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82321**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**C. Barry J. Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7343 El Camino Real  
 City Atascadero State CA Zip Code 93422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barry J. Fisher Insurance Marketing Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81934**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **212.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Erin B. Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City Stamford State CT Zip Code 06902

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

Name of Employer Occupation  
Find Medicare Plans Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1011.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15287-P81964**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

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

Mailing Address 2842 Landing Way

City Marietta State GA Zip Code 30066

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

Name of Employer Occupation  
Robert Fitzgerald Insurance Agency, I Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
492.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15287-P82237**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**C. Jeffrey A. Flessner**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 IAA Drive

City Bloomington State IL Zip Code 61701

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

Name of Employer Occupation  
Benefit Planning Associates, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15287-P82310**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 172.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Albert Fogle**

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82067**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Jeffrey M. Ford**

Mailing Address P O Box 515

City Cloverdale State VA Zip Code 24077

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

Name of Employer JM Ford and Associates, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82131**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. H. Larry Fortenberry**

Mailing Address PO Box 16566

City Jackson State MS Zip Code 39236

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

Name of Employer Executive Planning Group, P.A. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15288-P82461**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **114.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Wesley Foster</b>			Date of Receipt
Mailing Address 411 Copper Circle			<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 15287-P82095</b>
Argyle	TX	76226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction	
BenefitMall TX	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Christopher Free</b>			Date of Receipt
Mailing Address 1423 E. 29th St. #210			<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 15287-P82183</b>
Tacoma	WA	98404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction	
Rapport Benefits Group	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="510.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Linda K. Friedrich</b>			Date of Receipt
Mailing Address 4435 O Street			<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 15288-P82732</b>
Lincoln	NE	68506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction	
UNICO Financial Services, Inc.	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="165.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Kelly Don Fristoe</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15288-P82546</b>
Mailing Address 807 8th Street, Suite 300		Amount of Each Receipt this Period 30.00
City Wichita Falls	State TX	Zip Code 76301
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Financial Partners	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	

Full Name (Last, First, Middle Initial) <b>B. Bruce Frizen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P82018</b>
Mailing Address 1706 Grayscroft Dr.		Amount of Each Receipt this Period 45.00
City Waxhaw	State NC	Zip Code 28173
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$45.00 Monthly)	
Name of Employer Horizon Benefits Consultants, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) <b>C. Tyson Fuehrer</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P81942</b>
Mailing Address 412 Jefferson Parkway Suite 202		Amount of Each Receipt this Period 30.00
City Lake Oswego	State OR	Zip Code 97035
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Polestar Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Tyson Funk**

Mailing Address 1600 Heritage Landing Ste 115

City Saint Charles	State MO	Zip Code 63303
-----------------------	-------------	-------------------

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

Name of Employer AFLAC	Occupation Broker
---------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82378**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Joan A. Fusco**

Mailing Address 25B Hanover Rd., Suite 220

City Florham Park	State NJ	Zip Code 07932
----------------------	-------------	-------------------

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

Name of Employer Savoy Associates	Occupation Broker
--------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82351**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

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

Mailing Address 3342 Kori Road

City Jacksonville	State FL	Zip Code 32257
----------------------	-------------	-------------------

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

Name of Employer JP Perry Insurance, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1145.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81823**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hollie Gandy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2920 Duniven Circle, #2

City Amarillo State TX Zip Code 79109

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

Name of Employer Senior Solutions Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82456**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address 14010 FNB Pkwy Ste 300

City Omaha State NE Zip Code 68154

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

Name of Employer The Harry A. Koch Co Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82464**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

**C. Joy K. Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address 9424 Double R Blvd

City Reno State NV Zip Code 89521

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82563**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction  
 (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>155.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. G. Russell Garner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Murraywood Drive

City Columbia State SC Zip Code 29212

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

Name of Employer Unknown Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82400**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**B. Charles T. Gartlan**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Tarworth Terrace

City Manchester State NJ Zip Code 08759

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

Name of Employer Emerson, Reid & Co. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82295**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction  
 (\$100.00 Monthly)

**C. John P. Garven**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 8 11715 East Main Stre

City Huntley State IL Zip Code 60142

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

Name of Employer Benico, LTD Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81875**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **172.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jeffrey Wm. Gennaro**  
Full Name (Last, First, Middle Initial)

Mailing Address 3820 W Happy Valley Rd Ste 141, P

City Glendale	State AZ	Zip Code 85310
------------------	-------------	-------------------

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

Name of Employer Capitol Insurance Brokers, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
936.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81878**

Amount of Each Receipt this Period  
78.00

Payroll Deduction  
(\$78.00 Monthly)

**B. Victoria M. Getner**  
Full Name (Last, First, Middle Initial)

Mailing Address 30301 NW Highway, Suite 200

City Farmington	State MI	Zip Code 48334-
--------------------	-------------	--------------------

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

Name of Employer Pappas Financial	Occupation Broker
--------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15281**

Amount of Each Receipt this Period  
500.00

**C. Charles J. Giardina**  
Full Name (Last, First, Middle Initial)

Mailing Address 5440 Mounes Street, Suite 112

City New Orleans	State LA	Zip Code 70123
---------------------	-------------	-------------------

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

Name of Employer MetLife	Occupation Broker
-----------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82492**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	608.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 175  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Gibson**

Mailing Address 810 Dutch Square Blvd., Suite 115

City Columbia State SC Zip Code 29210

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

Name of Employer Gibson & Associates Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15287-P82311**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Otis E. Gilmore**

Mailing Address PO Box 526

City Homewood State IL Zip Code 60430

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

Name of Employer Benefit Management Resources Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15287-P82020**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Richard R. Girdler**

Mailing Address 113 Seaboard Lane, Suite C-170

City Franklin State TN Zip Code 37067

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

Name of Employer Cowan Benefit Services, Inc. Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15287-P82201**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 212.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert Hiram Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 First Avenue North, Suite 201

City Birmingham State AL Zip Code 35203

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

Name of Employer Occidental Benefits, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82590**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**B. Jason Gootee**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 W. 5th Avenue Suite 510

City Anchorage State AK Zip Code 99501

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

Name of Employer ODS Alaska Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81976**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**C. Ryan P. Gordon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Sweetbay Dr Ste 10

City Salisbury State MD Zip Code 21804

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82260**

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: (check only one)	PAGE 61 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Beverly Gossage**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9325 Evening Star Terr  
City Eudora State KS Zip Code 66025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HSA Benefits Consulting Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82084**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B. Arthur Granado**  
Full Name (Last, First, Middle Initial)  
Mailing Address 418 Peoples, # 505  
City Corpus Christi State TX Zip Code 78401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Granado Group Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82651**  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C. Colleen J. Gransee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1277 Deming Way  
City Madison State WI Zip Code 53717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dean Health Plan Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82584**  
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: (check only one)	PAGE 62 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Michael D. Gray**

Mailing Address 233 South 13th Street, Suite 1650

City Lincoln	State NE	Zip Code 68508
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Harry A. Koch Co	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82622**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 1219 W. 2nd St.

City Grand Island	State NE	Zip Code 68801
----------------------	-------------	-------------------

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

Name of Employer Primark, Inc.	Occupation Broker
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82359**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Robert A. Grundman**

Mailing Address 7412 Karl Drive Test

City Lincoln	State NE	Zip Code 68516
-----------------	-------------	-------------------

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

Name of Employer Senior Benefit Strategies	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82446**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Craig Gussin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4330 La Jolla Village Dr.,# 330

City	State	Zip Code
San Diego	CA	92122

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

Name of Employer	Occupation
Auerbach & Gussin Insurance and Finan	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82253**

Amount of Each Receipt this Period  
95.00

Payroll Deduction  
(\$95.00 Monthly)

**B. Antonio Gutierrez**  
Full Name (Last, First, Middle Initial)

Mailing Address 12833 River Dance Dr.

City	State	Zip Code
Raleigh	NC	27613

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

Name of Employer	Occupation
JBA Benefits, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82271**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Teresa Gutierrez**  
Full Name (Last, First, Middle Initial)

Mailing Address 12833 River Dance Dr.

City	State	Zip Code
Raleigh	NC	27613

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

Name of Employer	Occupation
JBA Benefits, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82108**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David R. Gwin**  
Full Name (Last, First, Middle Initial)

Mailing Address I-20 At Alpine Rd. AV-100

City Columbia State SC Zip Code 29219

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

Name of Employer BlueCross BlueShield of SC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15288-P82450**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

**B. Dwight Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 6107 Hazelwood Ave.

City Indianapolis State IN Zip Code 46228

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

Name of Employer D Hall & Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82049**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**C. Joseph Lee Hannah**  
Full Name (Last, First, Middle Initial)

Mailing Address 9414 Indianfield Drive

City Mechanicsville State VA Zip Code 23116

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

Name of Employer CIGNA Healthcare Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P81808**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction  
 (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **92.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Larry S. Harrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 E. Warm Spring Rd, Suite 108

City	State	Zip Code
Las Vegas	NV	89119

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

Name of Employer	Occupation
National Healthcare Access Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81970**

Amount of Each Receipt this Period  

30.42
-------

Payroll Deduction  
 (\$30.42 Monthly)

**B. Daniel R Hart**  
Full Name (Last, First, Middle Initial)

Mailing Address 4200 East Skelly Drive Suite 320

City	State	Zip Code
Tulsa	OK	74135

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

Name of Employer	Occupation
Guardian Life	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81882**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

**C. Gerald G Hartman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5716

City	State	Zip Code
Boise	ID	83705

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

Name of Employer	Occupation
Insurance Network America Inc	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82305**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction  
 (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.42</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Matthew F. Hatfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 Springfield Avenue  
 City Fort Wayne State IN Zip Code 46805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82098**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

**B. Leesa Kay Hayes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 812 Lyndon Lane Suite 101  
 City Louisville State KY Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Snowden & Associates, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82730**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Tom Hayes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 3198  
 City Little Rock State AR Zip Code 72203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rebsamen Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82000**  
 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: (check only one)	PAGE 67 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hedy S Hebert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 550 Boardwalk Blvd.  
 City Bossier City State LA Zip Code 71111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Consulting Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81926**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Laura L. Hebert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 18508  
 City Corpus Christi State TX Zip Code 78480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hebert Insurance Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81896**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Debbie R. Hediger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 N Tampa St Suite 1900  
 City Tampa State FL Zip Code 33602-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lykes Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82699**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Clarke D. Hedrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Pimlico Drive  
 City Commack State NY Zip Code 11725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pivotal Financial Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82366**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. John Heinz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 W. Higgins Rd., #1135  
 City Hoffman Estates State IL Zip Code 60169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSource Benefits Consultants Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82088**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

**C. Karen E. Heller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5028 Champions  
 City Lufkin State TX Zip Code 75901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Friesen-Strain Insurance Associates, Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82681**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Beth Jennifer Helms</b>		Date of Receipt
Mailing Address 5800 E. Skelly Dr., # 605		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Tulsa OK 74135		<b>Transaction ID : 15288-P82690</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer Fennell & Associates, Inc.	Occupation Broker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	(\$10.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Timothy J. Hendricks</b>		Date of Receipt
Mailing Address 1605 S Eucalyptus Ave		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Broken Arrow OK 74012		<b>Transaction ID : 15288-P82715</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Business Planning Group Of OK	Occupation Broker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	(\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Thomas L. Henry</b>		Date of Receipt
Mailing Address 19310 Sonoma Highway, #A		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Sonoma CA 95476		<b>Transaction ID : 15287-P81894</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="85.00"/>
Name of Employer RealCare Insurance Marketing, Inc.	Occupation Broker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1020.00"/>	(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William Hepscher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38176 Medical Center Avenue  
 City Zephyrhills State FL Zip Code 33540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Canadian Drugstore Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1145.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82299**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**B. Caroline Hesseltine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7272 Wurzbach Road, Suite 104  
 City San Antonio State TX Zip Code 78240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ABC / Associated Benefit Consultants, Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82516**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction  
 (\$20.00 Monthly)

**C. Timothy K. Hicks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7305 Hancock Village Dr. #333  
 City Chesterfield State VA Zip Code 23832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Humana Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82290**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joshua Hilgers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Crestwood Blvd Suite 202

City Irontdale	State AL	Zip Code 35210
-------------------	-------------	-------------------

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

Name of Employer Health Partners America	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82339**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. John H. Hinck**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 McLaws Circle, Ste2

City Williamsburg	State VA	Zip Code 23185
----------------------	-------------	-------------------

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

Name of Employer Hinck Financial Services	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82215**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Noel Hinman**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 West 80th Place#280 PO Box 100

City Merrillville	State IN	Zip Code 46410
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FEC ID number of contributing federal political committee. **C**

Name of Employer Professional Services	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82005**

Amount of Each Receipt this Period  
20.00

Payroll Deduction  
(\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Scott W. Hinrichs**  
Full Name (Last, First, Middle Initial)

Mailing Address 7182 Liberty Centre Drive Suite Q

City	State	Zip Code
West Chester	OH	45069

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

Name of Employer	Occupation
L. A. Benefit Planning, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82205**

Amount of Each Receipt this Period  
20.00

Payroll Deduction  
(\$20.00 Monthly)

**B. James H Hissong**  
Full Name (Last, First, Middle Initial)

Mailing Address 8401 Widmer Rd

City	State	Zip Code
Lenexa	KS	66215-5416

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

Name of Employer	Occupation
Jim Hissong Insurance	Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82417**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Angela Hogan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1233 Lincoln Mall, #100

City	State	Zip Code
Lincoln	NE	68508

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

Name of Employer	Occupation
Blue Cross and Blue Shield of Nebraska	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82537**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert V. Holland**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531

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

Name of Employer Centralia General Agencies Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15288-P82509**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**B. Jay Holloway**  
Full Name (Last, First, Middle Initial)

Mailing Address 3060 Alpine Rd. Mail Code AX-405

City Columbia State SC Zip Code 29223

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

Name of Employer BlueChoice HealthPlan Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82298**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**C. Al Hombroek**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Lumpkin St, Suite D

City Lawrenceville State GA Zip Code 30046

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

Name of Employer Multiple Benefits Corporation Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82163**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kymberly J. Hopwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 Water Street, 7th Floor  
 City Oakland State CA Zip Code 94607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dealey, Renton & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81955**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**B. David L Hunt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 4824  
 City Jackson State MS Zip Code 39296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hunt Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82458**  
 Amount of Each Receipt this Period **35.00**  
 Payroll Deduction (\$35.00 Monthly)

**C. Karen K. Irwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3737 Sylvania Ave.  
 City Toledo State OH Zip Code 43623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Mutual of Ohio Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82055**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 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: (check only one)	PAGE 75 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jerry D. Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5113 N. Executive Drive Suite 102

City	State	Zip Code
Peoria	IL	61614

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

Name of Employer	Occupation
Jackson Financial Services	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81846**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**B. Paul H. Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 311 Plantation Chase

City	State	Zip Code
Sea Island	GA	31561

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

Name of Employer	Occupation
Paul Jackson Ins. & Investments, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81968**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Leah-Anne Janway**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 20626

City	State	Zip Code
Oklahoma City	OK	73156

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

Name of Employer	Occupation
Bigbie, Hensley & Janway Insurance Ag	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82709**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Deborah Jeffs**

Mailing Address 3419 Via Lido #306

City Newport Beach State CA Zip Code 92663

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

Name of Employer Progressive Benefit Managers Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82353**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Julie A. Jennings**

Mailing Address 500 Faunce Corner Rd Bldg 100, Su

City Dartmouth State MA Zip Code 02747

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82319**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Cerrina Jensen**

Mailing Address 2520 Venture Oaks Way #240

City Sacramento State CA Zip Code 95833

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

Name of Employer Armstrong & Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **667.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82565**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>157.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David S. Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1482 Baron Court  
City Stone Mountain State GA Zip Code 30087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer David S. Johnson Insurance Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3000.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82275**  
Amount of Each Receipt this Period **250.00**  
Payroll Deduction **(\$250.00 Monthly)**

**B. Suzanne K. Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5955 Carnegie Blvd Suite 150  
City Charlotte State NC Zip Code 28209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Employee Benefit Advisors of the Caro Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1004.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82152**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction **(\$42.00 Monthly)**

**C. Alan L. Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3420 Pump Road, #144  
City Richmond State VA Zip Code 23233  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TPA Benefits, LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81932**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction **(\$30.00 Monthly)**

**SUBTOTAL** of Receipts This Page (optional)..... **322.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Kaczmarek</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82592</b>
Mailing Address 2633 State Route 59, Suite B		Amount of Each Receipt this Period 31.00
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C	Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	Payroll Deduction (\$31.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. T. Darlene Kaczmarek</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82515</b>
Mailing Address P O Box 345		Amount of Each Receipt this Period 31.00
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C	Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	Payroll Deduction (\$31.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Kristine M. Kassel</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82716</b>
Mailing Address 8631 S Priest Drive #101		Amount of Each Receipt this Period 42.00
City Tempe	State AZ	Zip Code 85284
FEC ID number of contributing federal political committee. C	Name of Employer Benefits By Design, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jon Katz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Northpoint Glen Ct.  
 City Herndon State VA Zip Code 20170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Medical Plans Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81885**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. George R. Keeling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Drawer K-1630 507 Avenue G  
 City Levelland State TX Zip Code 79336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer George R. Keeling Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82459**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Dianne M. Kelley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7320 N La Cholla Blvd. Suite 154-  
 City Tucson State AZ Zip Code 85741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sandbrook Benefits Group, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82614**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Roger J. Kelley**  
Full Name (Last, First, Middle Initial)

Mailing Address 424 Lewis Hargett Circle Ste 100

City Lexington	State KY	Zip Code 40503
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern Mutual Financial Network	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82070**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**B. Jean Marie Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 N. Starcrest Drive

City Clearwater	State FL	Zip Code 33765
--------------------	-------------	-------------------

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

Name of Employer BB&T Iler Wall & Shonter Insurance Se	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81936**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 7740 N. 16th Street, #110

City Phoenix	State AZ	Zip Code 85020
-----------------	-------------	-------------------

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

Name of Employer Rogers Benefit Group, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82272**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dierdre Kennedy-Simington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3452 East Foothill Blvd., #514  
 City Pasadena State CA Zip Code 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Polenzani Benefits & Insurance Servic Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82225**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Roy W. Kern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3015 South Fort Avenue, Suite B  
 City Springfield State MO Zip Code 65807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kern Insurance Services, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81877**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction (\$25.00 Monthly)

**C. Craig J. Kestran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 W. 36th Ave., Ste 300  
 City Anchorage State AK Zip Code 99503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alaska USA Insurance Brokers Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81999**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Amber W. Khalil**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15 A Gamecock Avenue  
City Charleston State SC Zip Code 29407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer David Gilston Insurance Agency Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82724**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B. John Kiebler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 W Vine St Ste 1600  
City Lexington State KY Zip Code 40507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Humana Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82189**  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**c. Carolyn J. King**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Country Lane  
City Sussex State NJ Zip Code 07461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New England Financial Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82066**  
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: (check only one)	PAGE 83 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Randy H. Klein**  
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Reserve Commons Dr

City Medina	State OH	Zip Code 44256
----------------	-------------	-------------------

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

Name of Employer Dorman Sciuilli Advisors	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81872**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

**B. Lonnie Klene**  
Full Name (Last, First, Middle Initial)

Mailing Address 14339 Torrey Chase Blvd., Ste F

City Houston	State TX	Zip Code 77014
-----------------	-------------	-------------------

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

Name of Employer Core Benefits	Occupation Broker
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82262**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

**C. Jennifer Kluge**  
Full Name (Last, First, Middle Initial)

Mailing Address 27700 Hoover Rd Ste 100

City Warren	State MI	Zip Code 48093-
----------------	-------------	--------------------

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

Name of Employer Michigan Business & Professional Asso	Occupation Broker
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15277**

Amount of Each Receipt this Period  

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>560.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. T. Brian Knauer**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 340718

City Tampa	State FL	Zip Code 33694
---------------	-------------	-------------------

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

Name of Employer Florida Insurance Brokers, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82158**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Valerie S. Koch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2429 North Avenue

City Bridgeport	State CT	Zip Code 06604
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Ganim Group, Inc.	Occupation Broker
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82362**

Amount of Each Receipt this Period  
45.00

Payroll Deduction  
(\$45.00 Monthly)

**C. Linda Rose Koehler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 516 Shelley Street

City Livermore	State CA	Zip Code 94550
-------------------	-------------	-------------------

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

Name of Employer Herzog Insurance Agency	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1145.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82689**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Eric Kohlsdorf**  
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Ingersoll Ave Suite 200

City Des Moines	State IA	Zip Code 50309
--------------------	-------------	-------------------

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

Name of Employer Prisma Strategies	Occupation Broker
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82499**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

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

Mailing Address P O Box 426 341 North 6th Street

City Seward	State NE	Zip Code 68434
----------------	-------------	-------------------

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

Name of Employer Kolterman Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81895**

Amount of Each Receipt this Period  
35.00

Payroll Deduction  
(\$35.00 Monthly)

**C. Suzanne Kolterman**  
Full Name (Last, First, Middle Initial)

Mailing Address 341 N. 6th Street PO Box 426

City Seward	State NE	Zip Code 68434
----------------	-------------	-------------------

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

Name of Employer Kolterman Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82594**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ross W. Kraft**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 231  
City Rome State NY Zip Code 13442  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brown & Brown, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **365.04**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82081**  
Amount of Each Receipt this Period **30.42**  
Payroll Deduction (\$30.42 Monthly)

**B. Mary B. Kramer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2637 S. 158th Plaza #200  
City Omaha State NE Zip Code 68116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Holmes Murphy & Associates Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82658**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**C. Douglas S. Kuiper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 69 Bay Circle Drive  
City Holland State MI Zip Code 49424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unknown Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **230.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82507**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **82.42**  
**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: (check only one)	PAGE 87 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Daniel C. LaBroad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17304 Preston Road Suite 800  
 City Dallas State TX Zip Code 75252-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ovation Health & Life Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82024**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Andrew M. LaRocco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 Live Oak Parkway, # 230  
 City Norcross State GA Zip Code 30093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The LaRocco Companies Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82011**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

**C. Jim Lawless**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 989 Governors Ln Ste 350  
 City Lexington State KY Zip Code 40513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Advisors Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82086**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 167.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Scott A. Leavitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 12988 W. Paint Dr.

City Boise State ID Zip Code 83713

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

Name of Employer Scott Leavitt Insurance Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81914**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

**B. Emma Stacey Leigh**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 TownPark Lane NW Suite LL-1000

City Kennesaw State GA Zip Code 30144

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

Name of Employer Alliant Health Plans, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82076**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

**C. Lyle D. Leleux**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 107 108 E. Texas Ave.

City Rayne State LA Zip Code 70578

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

Name of Employer Health Insurance Services Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82325**

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: (check only one)	PAGE 89 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Karen B. Leonard**

Mailing Address 435 Washington Street PO Box 50

City Hackettstown	State NJ	Zip Code 07840
----------------------	-------------	-------------------

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

Name of Employer Leonard Financial Group, LLC	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82179**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Brian W. Liechty**

Mailing Address 120 East Washington Street

City Plymouth	State IN	Zip Code 46563
------------------	-------------	-------------------

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

Name of Employer TCU Insurance	Occupation Broker
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82180**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Robert Lindsay**

Mailing Address 220 Emerson Place

City Davenport	State IA	Zip Code 52801
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gallagher Benefit Services, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82184**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Betty J. Lindstrom</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P82107</b>
Mailing Address PO Box 4026		Amount of Each Receipt this Period 30.00
City Felton	State CA	Zip Code 95018
FEC ID number of contributing federal political committee.	C	
Name of Employer Lindstrom Insurance	Occupation Broker	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Larry Link</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P82027</b>
Mailing Address 7100 North High Street Suite 201		Amount of Each Receipt this Period 30.00
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee.	C	
Name of Employer InsuranceLink Agency, Inc.	Occupation Broker	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Cathy Little</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15288-P82534</b>
Mailing Address 1145 2nd Street #A-269		Amount of Each Receipt this Period 20.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee.	C	
Name of Employer Essential Exchange Insurance Services	Occupation Broker	Payroll Deduction (\$20.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Juan R. Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1851 E. First, #1100  
 City Santa Ana State CA Zip Code 92705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81803**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Scott Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Oil Center Dr. Ste. 250  
 City Lafayette State LA Zip Code 70503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Resource Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81919**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Douglas Lubenow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 West Main Street Suite 203  
 City Moorestown State NJ Zip Code 08057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lubenow Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82246**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Maurice Lyons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 Madison Avenue, 4th Floor

City New York	State NY	Zip Code 10017
------------------	-------------	-------------------

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

Name of Employer The Medical Link, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82354**

Amount of Each Receipt this Period  
250.00

Payroll Deduction  
(\$250.00 Monthly)

**B. Victoria A. Major-Bell**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 540034

City Lake Worth	State FL	Zip Code 33454
--------------------	-------------	-------------------

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

Name of Employer VMB Solutions	Occupation Broker
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82518**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Michael J. Malasnik**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12630 N. Avalon Dr.

City Avondale	State AZ	Zip Code 85392-
------------------	-------------	--------------------

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

Name of Employer AZ Benefits Connection	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15278**

Amount of Each Receipt this Period  
240.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	520.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jim Malone**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 North Main Avenue Post Office

City Fayetteville State TN Zip Code 37334

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

Name of Employer The Malone Company Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81799**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**B. Benji Marrs**  
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Red Mile Rd

City Lexington State KY Zip Code 40504

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82345**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

**C. Kimberly C. Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1027 S Pendleton Street Suite B-2

City Easley State SC Zip Code 29642

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82692**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction  
 (\$40.00 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: (check only one)	PAGE 94 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Patricia A. Martin**

Mailing Address 13815 Starhill Ct.

City Houston State TX Zip Code 77077

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

Name of Employer King Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82490**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction  
 (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Phyllis Martinsen**

Mailing Address 1108 West Boise Avenue, Suite 100

City Boise State ID Zip Code 83706

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

Name of Employer Byron Hyatt Erstad & Co Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81952**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Matthew L. Masone**

Mailing Address 4061 Powder Mill Road, Ste 350

City Beltsville State MD Zip Code 20705

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

Name of Employer Assurant Employee Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81824**

Amount of Each Receipt this Period  
 45.00

Payroll Deduction  
 (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **95.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Donald L. Mathern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7650 Cherrywood Drive  
 City Boise State ID Zip Code 83704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Specialists Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81817**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Carol Matznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 38905  
 City Greensboro State NC Zip Code 27438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Carolina AHU Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **444.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82579**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Michael E. Matznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 Battleground Ave., #320  
 City Greensboro State NC Zip Code 27410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EbenConcepts Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82193**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lynn E McCarter</b>		Date of Receipt
Mailing Address PO Box 710571		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Santee	CA	92072
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 15287-P81983</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Unknown	Broker	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	(\$20.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Barbara A. McClaskey</b>		Date of Receipt
Mailing Address 1965 Pine Street		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Redding	CA	96001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 15287-P82171</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Barbara McClaskey Insurance Services	Broker	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John R. McConnaughey</b>		Date of Receipt
Mailing Address PO Box 805		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
West Chester	OH	45071-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 15287-P82331</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
JRM & Associates Agency, Inc	Broker	<input type="text" value="42.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="692.00"/>	(\$42.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="92.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Randy L. McDaniel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 Chambers Road  
 City McDonough State GA Zip Code 30253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82720**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. H. Luke McDermott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 883 West Baxter Drive  
 City South Jordan State UT Zip Code 84095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDermott Company & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81992**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**C. Leslie E. McGerr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6510 Mesaverde Dr  
 City Lincoln State NE Zip Code 68510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Les McGerr & Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82293**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 122.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Susan Marie McGinnis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8516 East 101st, Suite H  
 City Tulsa State OK Zip Code 74137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BenEx Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82659**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Ward McKalson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 E Blanco Rd., Ste 103  
 City Salinas State CA Zip Code 93901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Central Coast Insurance Servi Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82110**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Amie Nicole McLaughlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9064 Boone Drive  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Partners, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82545**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 157.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Kenneth McLaughlin**

Mailing Address 1001 Elm Street, Suite 301

City Manchester	State NH	Zip Code 03101
--------------------	-------------	-------------------

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

Name of Employer Granite Group Benefits, LLC	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82094**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Andrea McLoy**

Mailing Address 5300 Orange Ave., Ste 208

City Cypress	State CA	Zip Code 90630
-----------------	-------------	-------------------

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

Name of Employer Robbins Financial & Insurance Service	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82161**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Mary M. Mengason**

Mailing Address 312 E. Main Street

City Salisbury	State MD	Zip Code 21802
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FEC ID number of contributing federal political committee. **C**

Name of Employer Avery Hall Benefit Solutions, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82089**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Norman Joseph Michaels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Lily Pond La  
 City State Zip Code  
 Katonah NY 10536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Michaels & Associates Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81800**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll Deduction  
 (\$250.00 Monthly)

**B. Patricia Mihalyi-Stiffler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 N. Riverview Drive  
 City State Zip Code  
 Anaheim Hills CA 92808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Options in Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82684**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Jeffrey R. Miles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3420 Valley Brook Rd.  
 City State Zip Code  
 Nashville TN 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Miles Organization, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 935.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82348**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sara L. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2965 Colonnade Dr Ste 315

City Roanoke	State VA	Zip Code 24018-3541
-----------------	-------------	------------------------

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

Name of Employer MPAY Inc	Occupation Business Development Manager
------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82425**

Amount of Each Receipt this Period  
300.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Glendae Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 736 Old Greenville Rd

City Fayetteville	State GA	Zip Code 30215
----------------------	-------------	-------------------

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

Name of Employer Benevestco, Inc.	Occupation Broker
--------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82234**

Amount of Each Receipt this Period  
25.00

Payroll Deduction  
(\$25.00 Monthly)

**C. Dennis F. Mobley**  
Full Name (Last, First, Middle Initial)

Mailing Address 137 Executive Drive Suite D

City Madison	State MS	Zip Code 39110
-----------------	-------------	-------------------

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

Name of Employer Mobley Insurance Agency, LLC	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82710**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Sandra V. Mobley**

Mailing Address 137 Executive Dr. Suite D

City	State	Zip Code
Madison	MS	39110

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

Name of Employer	Occupation
Mobley Insurance Agency LLC	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82486**

Amount of Each Receipt this Period  

600.00
--------

Payroll Deduction  
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Douglas F. Moore**

Mailing Address 1010 Ohio River Blvd

City	State	Zip Code
Pittsburgh	PA	15202

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

Name of Employer	Occupation
Seubert & Associates, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82392**

Amount of Each Receipt this Period  

42.00
-------

Payroll Deduction  
 (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Julia T. Moore**

Mailing Address 9208 Clinton Anderson Drive NW

City	State	Zip Code
Albuquerque	NM	87114

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

Name of Employer	Occupation
J. Moore Insurance	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82256**

Amount of Each Receipt this Period  

42.00
-------

Payroll Deduction  
 (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert L. Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1644 Plank Rd  
City Duncansville State PA Zip Code 16635  
FEC ID number of contributing federal political committee. **C**  
Name of Employer L.R. Webber Associates, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81946**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B. Wesley P. Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 604  
City Darlington State SC Zip Code 29540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Moore Insurance Agency, LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82676**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**C. David Mordo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Kennedy Court  
City Middletown State NJ Zip Code 07748  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Walsh Benefits Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81977**  
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: (check only one)	PAGE 104 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Reine C. Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 NE Multnomah  
 City Portland State OR Zip Code 97232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81829**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20.00 Monthly)

**B. Todd Morrow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1173 Brittmore  
 City Houston State TX Zip Code 77043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Concepts Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82313**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Joseph C. Moss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Benefit Solutions, Inc. 1 Park We  
 City Midlothian State VA Zip Code 23114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Solutions, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81958**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 82.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Blair Moulthrop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 North Madison Avenue  
City Bay City State MI Zip Code 48708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Moulthrop-Clift, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82160**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Glen W. Mulready**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5314 S. Yale Ave Suite 601  
City Tulsa State OK Zip Code 74135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Plan Strategies Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81935**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**C. David Munger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3312 W. Magistrate Loop  
City Hayden State ID Zip Code 83835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Munger Insurance Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81993**  
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: (check only one)	PAGE 106 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ray M. Musser**  
Full Name (Last, First, Middle Initial)

Mailing Address 404 North Second Avenue, Suite E

City Upland	State CA	Zip Code 91786
----------------	-------------	-------------------

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

Name of Employer Ray Musser & Associates Insurance Ser	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82242**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Rita A. Musser**  
Full Name (Last, First, Middle Initial)

Mailing Address 3330 Thames Drive

City Fort Wayne	State IN	Zip Code 46815
--------------------	-------------	-------------------

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

Name of Employer Senior Insurance Solutions	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82582**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Amy D. Mutter**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 South Jefferson Street

City Roanoke	State VA	Zip Code 24011
-----------------	-------------	-------------------

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

Name of Employer Benefits Group, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82266**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joshua D. Nace**  
Full Name (Last, First, Middle Initial)

Mailing Address 936 North 34th Street, Suite 208

City Seattle	State WA	Zip Code 98103
-----------------	-------------	-------------------

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

Name of Employer Dental Health Services	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82696**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Katrina A. Nash**  
Full Name (Last, First, Middle Initial)

Mailing Address 6812 Rivergate Lane

City Oklahoma City	State OK	Zip Code 73132
-----------------------	-------------	-------------------

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

Name of Employer Gallagher Benefit Services, Inc	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82638**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Caren E. Neushwander**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 Houbolt Rd, Ste 200

City Joliet	State IL	Zip Code 60431
----------------	-------------	-------------------

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

Name of Employer Northern Insurance Service, Ltd	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82364**

Amount of Each Receipt this Period  
10.00

Payroll Deduction  
(\$10.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Penny E. Nikel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 S Main St., Ste 200  
 City Longmont State CO Zip Code 80501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Nikel Insurance Associates LLC Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15288-P82586**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**B. B. Ronnell Ronnell Nolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 65128  
 City Baton Rouge State LA Zip Code 70896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Nolan Group President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15288-P82429**  
 Amount of Each Receipt this Period  
 42.00  
 Payroll Deduction  
 (\$42.00 Monthly)

**C. Michael A. Norris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 999 295 E Palmer Street  
 City Franklin State NC Zip Code 28744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wayah Employee Benefits / EbenConcept Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15288-P82469**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 102.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Pamela Nygaard**  
Full Name (Last, First, Middle Initial)  
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 Spectera Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15288-P82426**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B. Angela Oakes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1323 Highway 2, Ste. 300  
City Sandpoint State ID Zip Code 83864  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Summit Insurance Resource Group Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15288-P82643**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**C. Terri M. Olson**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 21479  
City Keizer State OR Zip Code 97307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olson Insurance Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15288-P82620**  
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: (check only one)	PAGE 110 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mike Osborne**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Woodmanor Dr,  
City Raleigh State NC Zip Code 27614

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

Name of Employer Osborne Insurance Services, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81830**

Amount of Each Receipt this Period **25.00**

Payroll Deduction  
(\$25.00 Monthly)

**B. Krista Palmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4851 LBJ FWY, Ste 100  
City Dallas State TX Zip Code 75244-

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

Name of Employer BenefitMall Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81927**

Amount of Each Receipt this Period **30.00**

Payroll Deduction  
(\$30.00 Monthly)

**C. Jeffrey Papenfus**  
Full Name (Last, First, Middle Initial)

Mailing Address 32110 Agoura Road  
City Westlake Village State CA Zip Code 91361

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

Name of Employer Warner Pacific Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82370**

Amount of Each Receipt this Period **30.00**

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>85.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John C. Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Laurel Hill Drive  
 City Niantic State CT Zip Code 06357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parker Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1325.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82654**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction **(\$100.00 Monthly)**

**B. Jesse A. Patton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 Maple Street  
 City West Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations Marketing Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4200.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81923**  
 Amount of Each Receipt this Period **350.00**  
 Payroll Deduction **(\$350.00 Monthly)**

**C. Jill L. Pedersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16325 Boones Ferry Rd #204  
 City Lake Oswego State OR Zip Code 97035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Benefit Solutions, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82294**  
 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: (check only one)	PAGE 112 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jennifer L. Pender**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1635 Mt. McKinley Drive  
 City Grayson State GA Zip Code 30017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pender & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82463**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Ross W. Pendergraft**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21600 Oxnard Street, 8th Floor  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USI Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82087**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**C. Kenneth G. Penn**  
 Full Name (Last, First, Middle Initial)  
 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 President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81790**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Juna M. Penney**  
Full Name (Last, First, Middle Initial)

Mailing Address 2091 Shepherdia Drive

City Anchorage State AK Zip Code 99508

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

Name of Employer Providence Health & Services Alaska Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81956**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Carol C. Pennington**  
Full Name (Last, First, Middle Initial)

Mailing Address 4640 Woodbridge Drive

City Kernersville State NC Zip Code 27284

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

Name of Employer Pennington Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82155**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Les Perlson**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Crossways Park Dr

City Woodbury State NY Zip Code 11797

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

Name of Employer CB Planning Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82003**

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: (check only one)	PAGE 114 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joshua Peterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 N. Riverpoint Blvd. Ste. 403  
 City Spokane State WA Zip Code 99202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western States Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82085**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Paige W. Phillips**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1434 Hwy 301  
 City Calera State AL Zip Code 35040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Partners, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82655**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Joseph E. Pittman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 24133  
 City Omaha State NE Zip Code 68124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Creative Association Management Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81994**  
 Amount of Each Receipt this Period 35.00  
 Payroll Deduction (\$35.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Susan R. Pittman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32418 51st Avenue, SW  
 City Federal Way State WA Zip Code 98023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insure NW Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82576**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction (\$50.00 Monthly)

**B. Tom G. Polenzani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3452 E. Foothill Blvd. #514  
 City Pasadena State CA Zip Code 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2040.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82249**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction (\$170.00 Monthly)

**C. Robert P. Poli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Executive Boulevard, Suite 1  
 City Rockville State MD Zip Code 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Marketing Center, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82185**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 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: (check only one)	PAGE 116 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sandra Lee Powers-Booth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4817 S. 175th Street  
 City Seatac State WA Zip Code 98188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Benefits Northwest Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82057**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. D. Michael Pressley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 139  
 City Nashville State TN Zip Code 37202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BB&T Insurance Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82612**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Connie Puett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 E Parkcenter #100  
 City Boise State ID Zip Code 83706-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PacificSource Health Plans Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2013  
**Transaction ID : 15266**  
 Amount of Each Receipt this Period 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Connie Puett**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 E Parkcenter #100

City Boise State ID Zip Code 83706-

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

Name of Employer PacificSource Health Plans Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 16 / 2013  
**Transaction ID : 15273**

Amount of Each Receipt this Period 90.00

**B. Rebecca L. Purdy**  
Full Name (Last, First, Middle Initial)

Mailing Address 770 E Warm Springs Rd. Ste 340

City Las Vegas State NV Zip Code 89119

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

Name of Employer Humana Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81929**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

**C. Kathy M. Rainwater**  
Full Name (Last, First, Middle Initial)

Mailing Address 515 West Southwest Loop 323

City Tyler State TX Zip Code 75701

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

Name of Employer Threlkeld & Company Insurance Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82595**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 217.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Susan Maley Rash**  
Full Name (Last, First, Middle Initial)

Mailing Address 2108 West Laburnum Avenue, Suite

City	State	Zip Code
Richmond	VA	23227

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

Name of Employer	Occupation
BB&T Benefit Consultants of Virginia,	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2040.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82276**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**B. Dennis J. Recker**  
Full Name (Last, First, Middle Initial)

Mailing Address 971 North Perry Street P.O. Box 2

City	State	Zip Code
Ottawa	OH	45875

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

Name of Employer	Occupation
Fawcett, Lammon, Recker & Associates	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82544**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Michael S. Reddy**  
Full Name (Last, First, Middle Initial)

Mailing Address 13800 Jackson Road

City	State	Zip Code
Mishawaka	IN	46544

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

Name of Employer	Occupation
Keystone Insurers Group	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82105**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joni Robin Reents**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 W. 120th Avenue Suite 260  
 City Broomfield State CO Zip Code 80020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reents Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **432.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82052**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Ruppert Reinstadler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6443 SW Beaverton-Hillsdale Hwy S  
 City Portland State OR Zip Code 97221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coordinated Resources Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82281**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction (\$25.00 Monthly)

**C. Barbara V. Rennard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 Aloma Avenue, #116  
 City Winter Park State FL Zip Code 32792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Colonial Life Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **468.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82169**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>109.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. R Dane Rianhard</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P81862</b>
Mailing Address 1 E. Pratt St., Unit 902		Amount of Each Receipt this Period 85.00
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. C	Name of Employer TriBridge Partners, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Lori R. Rice</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P82360</b>
Mailing Address 1221 South Main Street Suite 208		Amount of Each Receipt this Period 30.00
City Boerne	State TX	Zip Code 78006
FEC ID number of contributing federal political committee. C	Name of Employer Wells Fargo Insurance Services USA, I	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Russell Lee Rice</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P81880</b>
Mailing Address 8000 IH-10 West, # 715		Amount of Each Receipt this Period 30.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C	Name of Employer AVESIS, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ellen Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 5910  
 City Shreveport State LA Zip Code 71135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kent Kent & Tingle Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82043**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Shan Ricketts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 736 Johnson Ferry Road Building C  
 City Marietta State GA Zip Code 30068-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : 15297**  
 Amount of Each Receipt this Period **575.00**

**C. Susan M. Rider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 N Capital #400  
 City Indianapolis State IN Zip Code 46202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gregory & Appel Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **528.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82727**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>635.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert L. Rifkin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Stonewall Lane  
City Mamaroneck State NY Zip Code 10543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Insurance & Financial Services Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82379**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**B. Debra L. Righter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1804 Juan Tabo Blvd, NE, Suite B  
City Albuquerque State NM Zip Code 87112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Righter Insurance, LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82719**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**C. Elizabeth E. Rios-Carl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 414 Executive Blvd #205  
City El Paso State TX Zip Code 79902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unknown Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82500**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **122.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John F. Rippering**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 East Woodfield Rd. #110 E  
 City Schaumburg State IL Zip Code 60173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rippering Financial Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82660**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Michael A. Rivera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12200 Northwest Frwy, Suite 662  
 City Houston State TX Zip Code 77092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest General Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1145.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81840**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Joseph K. Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 S. 82nd St., #B  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Financial Benefits Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82635**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 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: (check only one)	PAGE 124 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Judith L. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 10071  
 City State Zip Code  
 Tyler TX 75711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CFG Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82726**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**B. William D. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 739 East Jackson Street  
 City State Zip Code  
 Martinsville IN 46151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NewDay! Marketing Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82194**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. William T. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1775 E Palm Canyon Dr, Ste 110 -  
 City State Zip Code  
 Palm Springs CA 92264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Palm Canyon Insurance Agency Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82553**  
 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: (check only one)	PAGE 125 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mario Roiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 10446 NW 31st Terrace

City Miami State FL Zip Code 33172

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

Name of Employer HR Benefit Services, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82010**

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

**B. Charla S. Rose**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1299

City Amarillo State TX Zip Code 79105

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

Name of Employer Upshaw Insurance Agency Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82176**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue State WA Zip Code 98007

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

Name of Employer The Partners Group Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2040.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82300**

Amount of Each Receipt this Period **170.00**

Payroll Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **242.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joel Rosenblum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 Lipan Way  
 City Boulder State CO Zip Code 80303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance for Asset Protection  
 Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81856**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Eugene L. Rowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16000 Ventura Blvd  
 City Encino State CA Zip Code 91436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R & R Retirement and Insurance Servic  
 Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82541**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Peter L. Rowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO. Box 22212  
 City Phoenix State AZ Zip Code 85028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunwest Benefits Consulting, Inc.  
 Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82148**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Christopher Rowland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53800 Generations Dr  
 City South Bend State IN Zip Code 46635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Healy Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82146**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction (\$10.00 Monthly)

**B. Donna M. Rudner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4665 Ivygate Circle  
 City Smyrna State GA Zip Code 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Employer Relief, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82191**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Gene Ruecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 East Doheny Court Suite 200  
 City Anaheim State CA Zip Code 92808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ruecker & Ruecker Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81943**  
 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: (check only one)	PAGE 128 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Francis A. Ruggiero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Kennedy Drive  
 City Budd Lake State NJ Zip Code 07828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Slattery GA a division of Bollinger Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81889**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Jean Russell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1A Spruce Hill Road  
 City Burlington State MA Zip Code 01803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BenefitsMart Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81903**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Raymer M. Sale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 Premiere Parkway Suite 285  
 City Duluth State GA Zip Code 30097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer E2E Benefits Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82178**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 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: (check only one)	PAGE 129 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Gregory J. Schell**

Mailing Address 1601 Alliant Avenue

City Louisville State KY Zip Code 40299

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

Name of Employer Garrett-Stotz Company Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82273**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Al C. Schiebel**

Mailing Address 200 Sandy Springs Pl., # 300A

City Atlanta State GA Zip Code 30328

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

Name of Employer Schiebel & Associates, LLC dba Shopbe Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81870**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction  
 (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)  
**c. Mel A. Schlesinger**

Mailing Address PO Box 21533

City Winston Salem State NC Zip Code 27120

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

Name of Employer Unknown Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1120.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82116**

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: (check only one)	PAGE 130 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Chad P. Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2211 Michelson Drive Suite 1150  
 City Irvine State CA Zip Code 92612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aflac Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15287-P82403**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. John E Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4300 Sidco Drive, Suite 200  
 City Nashville State TN Zip Code 37204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Colonial Life Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15288-P82613**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Patricia A. Schrade**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Granite Place, Suite 34  
 City Gaithersburg State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Kamen Benefits, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 12 / 23 / 2013  
**Transaction ID : 15287-P81816**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Alan R. Schulman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7361 Calhoun Place, Ste 550

City Derwood	State MD	Zip Code 20855
-----------------	-------------	-------------------

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

Name of Employer Insurance Benefits & Advisors	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1086.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82041**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Matt B. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2950 Breckenridge Lane, Suite 8

City Louisville	State KY	Zip Code 40220
--------------------	-------------	-------------------

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

Name of Employer Schwartz Insurance Group	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82267**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 109 Putnam Street

City Marietta	State OH	Zip Code 45750-
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FEC ID number of contributing federal political committee. **C**

Name of Employer Schwendeman Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15279**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Nicole Scott</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82004</b>
Mailing Address 6200 Northwest Pkwy		Amount of Each Receipt this Period 30.00
City San Antonio	State TX	Zip Code 78249
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer United Healthcare	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald E. Seibel</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82197</b>
Mailing Address P. O. Box 317		Amount of Each Receipt this Period 30.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Advanced Benefits Solutions	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory J. Seifert</b>		Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82209</b>
Mailing Address PO Box 189 916 Main Street		Amount of Each Receipt this Period 170.00
City Vancouver	State WA	Zip Code 98666
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer Biggs Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2165.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Steven Selinsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28638 Oak Point Drive  
 City Farmington Hills State MI Zip Code 48331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82230**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Bruce J. Setlik**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82436**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Daniel Severo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Chestnut St. #410  
 City Meadville State PA Zip Code 16335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The DJB Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82164**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Annette Shaffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 418 South Main Street  
 City Findlay State OH Zip Code 45840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Group Benefit Consultants Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82627**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Stuart Shapiro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 587  
 City Wheeling State IL Zip Code 60090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Healthcare/SecureHorizons Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82671**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20.00 Monthly)

**C. Douglas W Sheffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 International Way  
 City Springfield State OR Zip Code 97477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PacificSource Health Plans Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81978**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kenneth A. Sherlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 First Street  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sherlin Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82705**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. David M. Sherrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 Centerpointe Circle, Suite 16  
 City Altamonte Springs State FL Zip Code 32701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82064**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Jeffrey Sherrod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5800 Granite Parkway Suite 700  
 City Plano State TX Zip Code 75024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Healthcare Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82165**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>102.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Thomas E. Shores**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8596 W Bolsa Ct.  
 City Boise State ID Zip Code 83709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer T.A. Shores Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82405**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Thomas Siino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1126 Clifton Avenue  
 City Clifton State NJ Zip Code 07013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Executive Benefits Group, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81982**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Anya Y. Simpson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Newtown Road, Suite 5  
 City Norfolk State VA Zip Code 23502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Plans, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82221**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>114.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Douglas Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1277

City Bloomington	State IN	Zip Code 47402
---------------------	-------------	-------------------

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

Name of Employer Hoosier Dental Plans	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82195**

Amount of Each Receipt this Period  
20.00

Payroll Deduction  
(\$20.00 Monthly)

**B. Patrick Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 6383

City Mc Kinney	State TX	Zip Code 75071
-------------------	-------------	-------------------

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

Name of Employer Patrick Skinner & Associates	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82112**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C. Roger W. Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5518 Hammock Glen Drive

City Indianapolis	State IN	Zip Code 46235
----------------------	-------------	-------------------

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

Name of Employer Specialized Benefit Plans	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
366.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82454**

Amount of Each Receipt this Period  
30.50

Payroll Deduction  
(\$30.50 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Frank J Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 1559  
 City Wheaton State IL Zip Code 60189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Business Insurance Underwriters, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82072**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**B. Gregory S. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 Woodlawn Road PO Box 370  
 City Lincoln State IL Zip Code 62656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R. W. Garrett Agency, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **535.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82190**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Kevin W. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6000 Lake Forrest Drive Suite 107  
 City Sandy Springs State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KSA Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81922**  
 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: (check only one)	PAGE 139 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Michael Smith**

Mailing Address 233 West Main Street

City Lewisville State TX Zip Code 75057-

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

Name of Employer The Brokerage Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2013**

**Transaction ID : 15274**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**B. Patti Smith**

Mailing Address 525 Kirkland Way

City Kirkland State WA Zip Code 98033

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

Name of Employer P Smith Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15288-P82679**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction  
 (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Paul E. Smith**

Mailing Address 100 Queen Street

City Southington State CT Zip Code 06489

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

Name of Employer Paul E Smith Insurance, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1651.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P81917**

Amount of Each Receipt this Period  
**125.00**

Payroll Deduction  
 (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **510.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Thomas E. Snell**

Mailing Address P.O. Box 818 310 N. Horner Blvd.

City Sanford	State NC	Zip Code 27331
-----------------	-------------	-------------------

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

Name of Employer Benefit Services & Design, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81893**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Tamela L. Southan**

Mailing Address 101 W. Renner Rd., Ste 160

City Richardson	State TX	Zip Code 75082
--------------------	-------------	-------------------

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

Name of Employer Benefit Solutions By Design	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82100**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. James Randall Southard**

Mailing Address 300 N. Greene St., 6th Floor

City Greensboro	State NC	Zip Code 27401
--------------------	-------------	-------------------

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

Name of Employer Wells Fargo Insurance Services USA, I	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82168**

Amount of Each Receipt this Period  
65.00

Payroll Deduction  
(\$65.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Richard Blake Spell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3803 North Elm Street  
City Greensboro State NC Zip Code 27455  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United Healthcare Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81921**  
Amount of Each Receipt this Period **200.00**  
Payroll Deduction (\$20.00 Monthly)

**B. Anne P. Sperling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 805 St. Michael's Drive  
City Santa Fe State NM Zip Code 87505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Daniels Insurance Agency, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **720.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82078**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**c. William Craig Splawn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Avenue C  
City Katy State TX Zip Code 77493  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Splawn & Associates Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **950.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82255**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 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: (check only one)	PAGE 142 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Michael Spleet**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 East Hill Rd.

City Grand Blanc State MI Zip Code 48439

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

Name of Employer Franklin Benefit Solutions Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82662**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**B. Jackie L. Spragins**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1071

City Wichita Falls State TX Zip Code 76307

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

Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82639**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction  
 (\$50.00 Monthly)

**C. Dustin Stacy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82117**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Zachary Stafford**  
 Full Name (Last, First, Middle Initial)  
 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, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81796**  
 Amount of Each Receipt this Period 300.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Delvin L. Stahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 388 807 S. Maltby Ave.  
 City Sutton State NE Zip Code 68979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Plus, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82495**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Eugene Starks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Crescent Circle Suite 201  
 City Ridgeland State MS Zip Code 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Administration Services, Ltd. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1585.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82468**  
 Amount of Each Receipt this Period 120.00  
 Payroll Deduction (\$120.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Peter F. Stehr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13636 Seward Street  
 City Omaha State NE Zip Code 68154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peter Stehr Insurance Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82551**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. James R. Stenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8926 Crown Colony Boulevard  
 City Fort Myers State FL Zip Code 33908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2165.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82585**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction (\$170.00 Monthly)

**C. Marilyn A. Stenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8926 Crown Colony Blvd  
 City Ft. Myers State FL Zip Code 33908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVS Consulting Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2145.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82483**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>285.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James R. Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Mansell Ct East Suite 400

City Roswell	State GA	Zip Code 30076
-----------------	-------------	-------------------

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

Name of Employer Humana	Occupation Broker
----------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82529**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Mary Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 2133 Luray Avenue

City Cincinnati	State OH	Zip Code 45206
--------------------	-------------	-------------------

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

Name of Employer Alliance Benefit Group of Ohio	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81987**

Amount of Each Receipt this Period  
20.00

Payroll Deduction  
(\$20.00 Monthly)

**C. Michael Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 329 S Elm, Suite 207

City Jenks	State OK	Zip Code 74037
---------------	-------------	-------------------

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

Name of Employer Tallgrass Benefits	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

**Transaction ID : 15289**

Amount of Each Receipt this Period  
0

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Michael Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 329 S Elm, Suite 207

City Jenks State OK Zip Code 74037-

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

Name of Employer Tallgrass Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**12 / 27 / 2013**

**Transaction ID : 15290**

Amount of Each Receipt this Period  
**250.00**

**B. Michael Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 329 S Elm, Suite 207

City Jenks State OK Zip Code 74037-

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

Name of Employer Tallgrass Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**12 / 31 / 2013**

**Transaction ID : 15291**

Amount of Each Receipt this Period  
**250.00**

**C. Michael Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 329 S Elm, Suite 207

City Jenks State OK Zip Code 74037-

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

Name of Employer Tallgrass Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
**12 / 31 / 2013**

**Transaction ID : 15293**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ames Stetzler</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P81797</b>
Mailing Address 12980 Metcalf Ave Ste 500		Amount of Each Receipt this Period 25.00
City Overland Park	State KS	Zip Code 66213-2652
FEC ID number of contributing federal political committee.	C	
Name of Employer The Resource Group, An HRH Company	Occupation Broker	Payroll Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Tiffany Stiller</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P81866</b>
Mailing Address 6200 Canoga Avenue Suite 300		Amount of Each Receipt this Period 25.00
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee.	C	
Name of Employer BenefitMall	Occupation Broker	Payroll Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Stincelli</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P81811</b>
Mailing Address 4844 N 300 W #100		Amount of Each Receipt this Period 30.00
City Provo	State UT	Zip Code 84604
FEC ID number of contributing federal political committee.	C	
Name of Employer Aspen Cove Insurance	Occupation Broker	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Tiffany Stock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3111 C St., Suite 500  
 City Anchorage State AK Zip Code 99503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northrim Benefits Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82226**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

**B. Julia Beckie Stockstill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 E. San Augustine  
 City Deer Park State TX Zip Code 77536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stockstill & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82036**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Ulrich S. Storz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 987 University Avenue, #14  
 City Los Gatos State CA Zip Code 95032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Storz Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81938**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rodney Stuart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 East Carmel Drive Suite 110  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Strategic Insurance Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82657**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**B. Ashley Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 99565  
 City Louisville State KY Zip Code 40299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Van Zandt Emrich and Cary Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82173**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. James F. Summers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8420 West Dodge Road, 5th Floor  
 City Omaha State NE Zip Code 68114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Senior Market Sales, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82488**  
 Amount of Each Receipt this Period 125.00  
 Payroll Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	205.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. William L. Sutherland**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O Box 795008 131 Interpark Blvd.

City San Antonio	State TX	Zip Code 78279
---------------------	-------------	-------------------

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

Name of Employer Wortham Insurance & Risk Management	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82307**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**B. Tom Swayne**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 31029

City Charleston	State SC	Zip Code 29417
--------------------	-------------	-------------------

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

Name of Employer David M. Gilston Insurance Agency, In	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82233**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**C. Ryan R. Swinton**  
Full Name (Last, First, Middle Initial)

Mailing Address 7101 S. 82 St.

City Lincoln	State NE	Zip Code 68516
-----------------	-------------	-------------------

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

Name of Employer Midlands Financial Benefits	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82181**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Marsha Tellesbo-Kembel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 4th Avenue, Suite 3200  
 City Seattle State WA Zip Code 98154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tellesbo & Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1145.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82048**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**B. David J. Terpening**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22850 Crenshaw Blvd., # 206  
 City Torrance State CA Zip Code 90505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California Health Plans Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81868**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. Harry P. Thal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2137  
 City Kernville State CA Zip Code 93238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harry P. Thal Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82391**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ronald Thibodeaux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 Veterinarian Rd  
 City Lafayette State LA Zip Code 70507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ronald J. Thibodeaux Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81906**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Jeffery C. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6200 Reynolds Road  
 City Jackson State MI Zip Code 49201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Small Business Association of Michigan Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82489**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Marc Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Center Street, Suite 1410  
 City Little Rock State AR Zip Code 72201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stephens Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **462.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81891**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>102.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ryan P. Thorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10342 South Springcrest Lane  
 City South Jordan State UT Zip Code 84095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82625**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

**B. Robert J. Tierney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2113 West Parkstone Ct  
 City Meridian State ID Zip Code 83646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tierney Consulting, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81975**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Helen M. Todd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 56166  
 City Little Rock State AR Zip Code 72215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Todd Agency, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P81988**  
 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: (check only one)	PAGE 154 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Margaret S. Tolbert**

Mailing Address 6501 Peake Rd Bld 950

City Macon State GA Zip Code 31210

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

Name of Employer Tolbert & Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81980**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Jennifer L. Toups**

Mailing Address #1 Galleria Blvd, Suite 1224

City Metairie State LA Zip Code 70001

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

Name of Employer Humana Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82477**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Janet Trautwein**

Mailing Address 1212 New York Ave. NW, Ste 1100

City Washington State DC Zip Code 20005

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

Name of Employer NAHU Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2040.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82561**

Amount of Each Receipt this Period  
 170.00

Payroll Deduction  
 (\$170.00 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: (check only one)	PAGE 155 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Brenda Traveller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1150 Eastland Drive North  
City Twin Falls State ID Zip Code 83301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Plan Partners Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81937**  
Amount of Each Receipt this Period **200.00**  
Payroll Deduction (\$10.00 Monthly)

**B. Terrie L. Trevino**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 7408  
City Boise State ID Zip Code 83707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Blue Cross of Idaho Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81931**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**C. Alexis Tucker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 625 Elden Street, Suite 203  
City Herndon State VA Zip Code 20191  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Independent Benefit Services LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82006**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jean Van Der Sommen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4940 North River Drive  
 City Cumming State GA Zip Code 30041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Employer Advisors, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **216.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82034**  
 Amount of Each Receipt this Period **18.00**  
 Payroll Deduction  
 (\$18.00 Monthly)

**B. Catherine Van Zant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5500 Euper Lane P.O. Box 3529  
 City Fort Smith State AR Zip Code 72913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brown-Hiller-Clark & Associates, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15288-P82653**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

**C. Wendy Vanderwater Bratteli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 West Southwest Loop 323  
 City Tyler State TX Zip Code 75701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Threlkeld & Company Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82274**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction  
 (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Denise R. VanPutten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4808 Broadmoor SE  
 City Grand Rapids State MI Zip Code 49512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lighthouse Insurance Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81858**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**B. Michael Venditto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 New Road, #D  
 City Linwood State NJ Zip Code 08221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hafetz & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P82099**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Denise S. Villagran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1016 Santa Fe, #205  
 City Corpus Christi State TX Zip Code 78404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Entrust, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 15287-P81804**  
 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: (check only one)	PAGE 158 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Janice Walker</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15287-P81902</b>
Mailing Address 3555 Reserve Commons Dr.		Amount of Each Receipt this Period 30.00
City Medina	State OH	Zip Code 44255
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Benefit Designs, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Rand R. Wall</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15288-P82452</b>
Mailing Address 12603 Southwest Freeway. Suite 620		Amount of Each Receipt this Period 100.00
City Stafford	State TX	Zip Code 77477
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)	
Name of Employer Lone Star Health Plans, Ltd.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Doris Waller</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 <b>Transaction ID : 15288-P82496</b>
Mailing Address 1778 N. Plano Rd. Suite 310		Amount of Each Receipt this Period 42.00
City Richardson	State TX	Zip Code 75081
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Pan-American Benefits Solutions	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	172.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address PO Box 417

City State Zip Code  
Hampstead NC 28443

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

Name of Employer Occupation  
Advanced Insurance Systems Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2013  
**Transaction ID : 15288-P82629**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Jessica F Waltman**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Doyle Rd

City State Zip Code  
Wayne PA 19087-3903

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

Name of Employer Occupation  
NAHU VP, Policy and State Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2013  
**Transaction ID : 15288-P82431**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C. Michael Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address 3219 E. Camelback Road #569

City State Zip Code  
Phoenix AZ 85018

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

Name of Employer Occupation  
Emerging Benefits Consultants, LLC Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2013  
**Transaction ID : 15287-P82308**

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: (check only one)	PAGE 160 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Stephen C. Warner**

Mailing Address 16180 Hwy 7

City Mtka State MN Zip Code 55345

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

Name of Employer Warner & Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82383**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. John L. Warwick**

Mailing Address 1907 B Mangrove Ave.

City Chico State CA Zip Code 95927

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

Name of Employer John Warwick Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P81898**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Lindsey Paige Waters**

Mailing Address 5311 Patterson Ave

City Richmond State VA Zip Code 23226

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

Name of Employer First National Brokerage Corp. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15288-P82474**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction  
 (\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert Watkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4205 Hillsboro Road, # 120

City Nashville	State TN	Zip Code 37215
-------------------	-------------	-------------------

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

Name of Employer Pancoast Benefits	Occupation Broker
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15287-P82096**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B. Charles A. Webb**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15 S. Jefferson Street

City Roanoke	State VA	Zip Code 24011
-----------------	-------------	-------------------

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

Name of Employer Benefits Group, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15287-P82069**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**C. Dan Webb**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5251 Office Park Drive Suite 350

City Bakersfield	State CA	Zip Code 93309
---------------------	-------------	-------------------

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

Name of Employer The Webb Insurance Group	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2040.00

Date of Receipt  
12 / 23 / 2013  
**Transaction ID : 15288-P82514**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lynn Weirich</b>			Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82023</b>
Mailing Address 400 North Loop 1604 East, Suite 1			Amount of Each Receipt this Period 50.00
City San Antonio	State TX	Zip Code 78232	Payroll Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00	
Name of Employer Business Financial Group	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Lynn Charles Wentworth</b>			Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15287-P82065</b>
Mailing Address 137 Executive Drive Suite E			Amount of Each Receipt this Period 30.00
City Madison	State MS	Zip Code 39110	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer AFLAC	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Charles L. Westmoreland</b>			Date of Receipt 12 / 23 / 2013 <b>Transaction ID : 15288-P82428</b>
Mailing Address 532 Cloifview Drive			Amount of Each Receipt this Period 30.00
City Brandon	State MS	Zip Code 39047	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 390.00	
Name of Employer Forester Benefits Management, LLC	Occupation Executive Regional Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cynthia Whaley**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 N. Washington Street Suite A

City Easton	State MD	Zip Code 21601
----------------	-------------	-------------------

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

Name of Employer Avery Hall Benefit Solutions, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P81806**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

**B. Robert H. White**  
Full Name (Last, First, Middle Initial)

Mailing Address 6724 S 29th W Place

City Tulsa	State OK	Zip Code 74137
---------------	-------------	-------------------

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

Name of Employer Plan Benefit Analysts of Tulsa, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82672**

Amount of Each Receipt this Period  

42.00
-------

Payroll Deduction  
 (\$42.00 Monthly)

**C. Jimmie Whitmire**  
Full Name (Last, First, Middle Initial)

Mailing Address 503 Eighth Street

City Wichita Falls	State TX	Zip Code 76301
-----------------------	-------------	-------------------

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

Name of Employer Whitmire & Whitmire, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82645**

Amount of Each Receipt this Period  

42.00
-------

Payroll Deduction  
 (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>114.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David V. Wilcox**  
Full Name (Last, First, Middle Initial)

Mailing Address 166 River Vista Place

City Twin Falls State ID Zip Code 83301

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

Name of Employer Magic Valley Insurance, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82247**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

**B. Trei Wild**  
Full Name (Last, First, Middle Initial)

Mailing Address 3724 Hearst Castle Way

City Plano State TX Zip Code 75025

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

Name of Employer SeeChange Health Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15287-P82263**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C. George Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 4109 Woodway Dr.

City Monroe State LA Zip Code 71201

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

Name of Employer Financial Planning Resources Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : 15288-P82675**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 157.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Leslie A. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1551 E. Cypress Ave., Ste. D

City Redding	State CA	Zip Code 96002
-----------------	-------------	-------------------

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

Name of Employer Leslie A. Williams Insurance Services	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82680**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

**B. Mike Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 10040 Regency Circle Ste. 345

City Omaha	State NE	Zip Code 68114
---------------	-------------	-------------------

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

Name of Employer Williams Deras Associates, Inc	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82192**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$85.00 Monthly)

**C. Paula L. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 31930 Daniel Way

City Temecula	State CA	Zip Code 92591
------------------	-------------	-------------------

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

Name of Employer Paula Wilson, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15288-P82647**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Thomas R. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Lamar  
 City State Zip Code  
 Wichita Falls TX 76301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Boley Featherston Insurance Agency Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82304**  
 Amount of Each Receipt this Period  
 55.00  
 Payroll Deduction  
 (\$55.00 Monthly)

**B. Owen W. Wingate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 Professional Dr  
 City State Zip Code  
 Ponte Vedra Beach FL 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wingate Insurance Group, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P81996**  
 Amount of Each Receipt this Period  
 42.00  
 Payroll Deduction  
 (\$42.00 Monthly)

**C. Tammy Winn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9811 S IH 35, Building 1 Suite 100  
 City State Zip Code  
 Austin TX 78744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SWBC Insurance Services Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15288-P82567**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Shelly K. Winson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1914

City Chandler State AZ Zip Code 85244

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

Name of Employer True Choice Benefits LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82340**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**B. Dennis C. Woehler**  
Full Name (Last, First, Middle Initial)

Mailing Address 720 Drexel Dr.

City Evansville State IN Zip Code 47712

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

Name of Employer Unknown Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P82101**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

**C. DianaLou Wolff**  
Full Name (Last, First, Middle Initial)

Mailing Address 70 Maiden Lane 2nd Floor

City Kingston State NY Zip Code 12401

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

Name of Employer Benefit Counseling Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : 15287-P81881**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dennis E. Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Chestnut Hills Pky

City Fort Wayne State IN Zip Code 46814

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

Name of Employer Employee Plans, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82103**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

**B. Carol Wyckoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 14856 Briggs Street

City Carlisle State IA Zip Code 50047

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

Name of Employer Marsh U.S. Consumer Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82328**

Amount of Each Receipt this Period  
 30.00

Payroll Deduction  
 (\$30.00 Monthly)

**C. Luann S. Yarberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Bermuda

City Wichita Falls State TX Zip Code 76308

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

Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15287-P82143**

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 169 OF 175  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
**M. Zachary Zinser**

Mailing Address 330 North Evergreen Road, Suite 6

City Louisville	State KY	Zip Code 40243
--------------------	-------------	-------------------

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

Name of Employer Zinser Benefit Service, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

**Transaction ID : 15287-P82344**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33028.59

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 170 OF 175
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. JON RUNYAN FOR CONGRESS, INC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 225  
 City COLONIA State NJ Zip Code 07067  
 FEC ID number of contributing federal political committee. **C** C00477661  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : 15296**  
 Amount of Each Receipt this Period  
 2000.00

**B. LUKE MESSER FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 917  
 City SHELBYVILLE State IN Zip Code 46176  
 FEC ID number of contributing federal political committee. **C** C00460667  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : 15282**  
 Amount of Each Receipt this Period  
 1000.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2013

Transaction ID : 15333

Amount of Each Disbursement this Period

287.58

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2013

Transaction ID : 15335

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. National Association of Health Underwriters**

Mailing Address PO Box 20865

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement  
Administrative Expense

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2013

Transaction ID : 15339

Amount of Each Disbursement this Period

1200.00

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

1495.53

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. National Association of Health Underwriters**

Mailing Address 2000 N. 14th Street  
Ste. 450

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Administrative Expense

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2013

Transaction ID : 15331

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. National Association of Health Underwriters**

Mailing Address 2000 N. 14th Street  
Ste. 450

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Administrative Expense

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 13 / 2013

Transaction ID : 15332

Amount of Each Disbursement this Period

2905.58

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2013

Transaction ID : 15334

Amount of Each Disbursement this Period

1229.97

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

9135.55

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

10631.08

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. ANNA ESHOO FOR CONGRESS (P)**

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
Dec. 12 Breakfast

011

Candidate Name

**ANNA ESHOO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District: 18

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

**Transaction ID : 15267**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CHARLIE DENT FOR CONGRESS (P)**

Mailing Address PO BOX 442

City State Zip Code  
ALLENTOWN PA 18105

Purpose of Disbursement  
Nov 20. Breakfast

011

Candidate Name

**CHARLES W REP DENT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District: 15

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

**Transaction ID : 15271**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City State Zip Code  
CODY WY 82414

Purpose of Disbursement  
Voided Check

010

Candidate Name

**MICHAEL B ENZI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2013

**Transaction ID : 15336**

Amount of Each Disbursement this Period

-2000.00

**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)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. GRAVES FOR CONGRESS**

Mailing Address PO BOX 335

City CALHOUN State GA Zip Code 30703

Purpose of Disbursement  
Voided Check

011

Candidate Name

**JOHN THOMAS MR. JR. GRAVES**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2013

**Transaction ID : 15337**

Amount of Each Disbursement this Period

1000.00  
-1000.00

Full Name (Last, First, Middle Initial)

**B. PAT MEEHAN FOR CONGRESS (P)**

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
Dec. 12 Breakfast

011

Candidate Name

**PATRICK L. MR. JR. MEEHAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AK District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

**Transaction ID : 15269**

Amount of Each Disbursement this Period

1000.00  
1000.00

Full Name (Last, First, Middle Initial)

**C. RANDY HULTGREN FOR CONGRESS (P)**

Mailing Address PO BOX 717

City ST CHARLES State IL Zip Code 60174

Purpose of Disbursement  
Dec 12 Lunch

011

Candidate Name

**RANDY HULTGREN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AK District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

**Transaction ID : 15270**

Amount of Each Disbursement this Period

1000.00  
1000.00

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

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

1000.00

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. ROSKAM FOR CONGRESS COMMITTEE (P)**

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement  
December 11 Dinner

011

Category/  
Type

Candidate Name

**PETER ROSKAM**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : 15268**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

2000.00