

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

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

☐Check if different
than previously
reported. (ACC)

Washington

DC

20044

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2007

through

08

31

2007

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

Type or Print Name of Treasurer

Jennifer Murphy

Signature of Treasurer

Electronically Filed by Jennifer Murphy

Date

03

27

2008

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		41981.92
(b) Cash on Hand at Beginning of Reporting Period	74543.16	
(c) Total Receipts (from Line 19)	28432.18	235520.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	102975.34	277502.13
7. Total Disbursements (from Line 31)	14998.20	189524.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87977.14	87977.14
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

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	18343.00	127862.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	10089.18	107646.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28432.18	235508.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	28432.18	235508.21
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	12.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28432.18	235520.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28432.18	235520.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	998.20	46795.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	998.20	46795.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	141000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1229.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1229.00
29. Other Disbursements.....	0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14998.20	189524.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14998.20	189524.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28432.18	235508.21
34. Total Contribution Refunds (from Line 28(d))	0.00	1229.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28432.18	234279.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	998.20	46795.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	998.20	46783.99

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

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

FOR LINE NUMBER: PAGE 6 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

SUZY ALBERTS

Mailing Address 20700 Civic Center Drive

City

Southfield

State

MI

Zip Code

48076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Serv-
ices

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2953

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

SUZY ALBERTS

Mailing Address 20700 Civic Center Drive

City

Southfield

State

MI

Zip Code

48076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Serv-
ices

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3023

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

SHARON ALT

Mailing Address 6410 Southwest Blvd, Suite 204

City

Fort Worth

State

TX

Zip Code

76109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alt Benefit Consultants,
Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3430

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

KATHRYN ANDERSON

Mailing Address P. O. Box 7648

City

Tyler

State

TX

Zip Code

75711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategies In Employee Be-
nefits, Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3549

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM ANDERSON

Mailing Address 498 Palm Springs Drive, Suite 270

City

Altamonte Springs

State

FL

Zip Code

32701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group

Occupation
Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2954

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM ANDERSON

Mailing Address 498 Palm Springs Drive, Suite 270

City

Altamonte Springs

State

FL

Zip Code

32701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group

Occupation
Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3019

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ELIZABETH ASHMORE

Mailing Address 7606 University Avenue, Suite B

City

Lubbock

State

TX

Zip Code

79423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore & Associates Insu-
rance Agency

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 4148

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

ELIZABETH ASHMORE

Mailing Address 7606 University Avenue, Suite B

City

Lubbock

State

TX

Zip Code

79423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore & Associates Insu-
rance Agency

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4160

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City

Salem

State

VA

Zip Code

24153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation
Director of Provider Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2957

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City

Salem

State

VA

Zip Code

24153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation

Director of Provider Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3024

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

RICK BAILEY

Mailing Address 4390 Earney Road, Suite 240

City

Woodstock

State

GA

Zip Code

30188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rick Bailey & Company, In-
c.

Occupation

agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3025

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

CATHERINE BAKAMUS

Mailing Address PO Box 9

City

Longview

State

WA

Zip Code

98632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bratrud Middleton Insuran-
ce Brokers

Occupation

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3123

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David Baker

Mailing Address 2646 Highway Ave

City

Highland

State

IN

Zip Code

46322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Claims Manag-
ement, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 4478

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MISTY BAKER

Mailing Address 1501 West Ave., Suite B

City

Austin

State

TX

Zip Code

78701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lonestar Benefit Solutions

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3026

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Kathryn Beals

Mailing Address 501 E Washington Ave

City

Madison

State

WI

Zip Code

53703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Manufactures &
Commerce

Occupation
Manager, Employee Benefit Sale

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3183

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DAVID BERMAN

Mailing Address 6510 N. Shadeland Avenue

City State Zip Code
 Indianapolis IN 46220

FEC ID number of contributing
federal political committee.

C

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

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 3491

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

DAVID BERMAN

Mailing Address 6510 N. Shadeland Avenue

City State Zip Code
 Indianapolis IN 46220

FEC ID number of contributing
federal political committee.

C

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

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3499

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

CLAUDETTE BISBEE

Mailing Address 15 East Washington Street

City State Zip Code
 Coldwater MI 49036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinisource, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3122

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ROBERT BISHOP

Mailing Address 2785 East Desert Inn Rd., # 134

City

Las Vegas

State

NV

Zip Code

89121

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3907

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

BRADFORD BLAIN

Mailing Address P O Box 4510

City

Lexington

State

KY

Zip Code

40544

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3020

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM BLAKELY

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3021

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JAMES BOSIER

Mailing Address P.O. Box 1230

City

Waterloo

State

IA

Zip Code

50704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Net Worth Advisors

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 3865

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

JIM BOWMAN

Mailing Address 2701 West 15th Street, # 554

City

Plano

State

TX

Zip Code

75075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowman & Bowman Consultan-
ts, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3031

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

ELEANOR BROCKHURST

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

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3034

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Patty Brown

Mailing Address 3660 Guenther Road

City

La Grange

State

TX

Zip Code

78945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of Texas

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4386

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

THOMAS BRYON

Mailing Address 9820 Metcalf Ave., # 110

City

Overland Park

State

KS

Zip Code

66212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Designs, Inc.

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3033

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

JENNIFER BUNDY-COBB

Mailing Address 3000 A Street, Suite 400

City

Anchorage

State

AK

Zip Code

99501

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3027

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

310.00

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 15 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

RAYMOND BUZA

Mailing Address 215 South Olive Avenue, Suite 400

City

West Palm Beach

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Beach Insurance Adv-
isory Group.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3493

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

EDWARD BYRD

Mailing Address PO Box 50164

City

Columbia

State

SC

Zip Code

29250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norris-Byrd Group Benefit-
s, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4159

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY BYRNE

Mailing Address 3113 West Beltline Highway

City

Madison

State

WI

Zip Code

53713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mortenson, Matzelle & Mel-
drum

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1958

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 16 / 119

(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)

B D CALVIN

Mailing Address PO Box 101422

City

Anchorage

State

AK

Zip Code

99510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calco, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3860

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

B D CALVIN

Mailing Address PO Box 101422

City

Anchorage

State

AK

Zip Code

99510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calco, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3909

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL CARMEAN

Mailing Address PO Box 7367

City

Columbus

State

GA

Zip Code

31908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon MarketingOccupation
Vice President, Group Sales & Marketi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1066.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 4146

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

MICHAEL CARMEAN

Mailing Address PO Box 7367

City

Columbus

State

GA

Zip Code

31908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Marketing

Occupation

Vice President, Group Sales & Marketi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4153

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

KING CAROLYN

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

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3108

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

LORELIE CASTELLANI

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

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3868

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
RUSSELL CHILDERS

Mailing Address PO Box 1547

City State Zip Code
Americus GA 31709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers, CLU

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2992

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
RUSSELL CHILDERS

Mailing Address PO Box 1547

City State Zip Code
Americus GA 31709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers, CLU

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3120

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
RICHARD COBURN

Mailing Address 19 Minor Court

City State Zip Code
San Rafael CA 94903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Word & Brown

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3028

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
RICHARD COBURN

Mailing Address 19 Minor Court

City State Zip Code
San Rafael CA 94903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Word & Brown

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3029

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
DANIEL COLACIONO

Mailing Address 99 Troy Road

City State Zip Code
East Greenbush NY 12061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose and Kiernan, Inc

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3869

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)
GEORGE CONDOS

Mailing Address 7881 West Charleston Blvd. #140

City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Insurance Agency

Occupation
Charter Senior Financial Plann

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2993

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

GEORGE CONDOS

Mailing Address 7881 West Charleston Blvd. #140

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Insurance Agency

Occupation

Charter Senior Financial Plann

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3121

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Carrie Cox

Mailing Address 6701 North Broadway, Suite 323

City

Oklahoma City

State

OK

Zip Code

73112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oden Roberts Rohrman Insu-
rance

Occupation

Group Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3040

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Richard Damico

Mailing Address 50 E 42nd St

City

New York

State

NY

Zip Code

10017-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Benefit and Des-
ign Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4443

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

TERESA DEBRUIN

Mailing Address 5880 Live Oak Parkway

City

Norcross

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 58

Amount of Each Receipt this Period

-30.00

B.

Full Name (Last, First, Middle Initial)

TERESA DEBRUIN

Mailing Address 5880 Live Oak Parkway

City

Norcross

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3126

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

ROSEMARY DEININGER

Mailing Address 12801 N. Central Expressway, Suit

City

Dallas

State

TX

Zip Code

75243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waldman Brothers

Occupation
Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3037

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DAVID DEITCH

Mailing Address 2785 East Desert Inn Road, Suite

City

Las Vegas

State

NV

Zip Code

89121

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3038

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

STEPHANIE DENZ

Mailing Address 5000 US Hwy 17, 18#314

City

Jacksonville

State

FL

Zip Code

32003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc.

Occupation
Senior Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2959

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

STEPHANIE DENZ

Mailing Address 5000 US Hwy 17, 18#314

City

Jacksonville

State

FL

Zip Code

32003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc.

Occupation
Senior Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3039

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

LISA DERYCKE

Mailing Address 2805 East Skelly Drive, Suite 808

City

Tulsa

State

OK

Zip Code

74105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Designs of Oklaho-
ma, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3127

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

RUSH DIXON

Mailing Address 1375 Piccard Drive

City

Rockville

State

MD

Zip Code

20850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and Schilli-
ng

Occupation
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

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

Transaction ID: 4189

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

STEVEN DODDER

Mailing Address PO Box 2069

City

Monument

State

CO

Zip Code

80132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Health

Occupation
Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3498

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

CLAUDIA DODGE

Mailing Address 2108 W. Laburnum Ave., # 300

City

Richmond

State

VA

Zip Code

23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation

Sales Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3036

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

CYNTHIA DOUCET

Mailing Address P. O. Box 91180

City

Lafayette

State

LA

Zip Code

70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resource-
s, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2962

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

CYNTHIA DOUCET

Mailing Address P. O. Box 91180

City

Lafayette

State

LA

Zip Code

70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resource-
s, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3084

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

EUGENE EBERSOLE

Mailing Address PO Box 2886

City

Gretna

State

LA

Zip Code

70054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates, In-
c.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3857

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

EUGENE EBERSOLE

Mailing Address PO Box 2886

City

Gretna

State

LA

Zip Code

70054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates, In-
c.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3912

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL EMBRY

Mailing Address 20700 Civic Center Drive, Suite 2

City

Southfield

State

MI

Zip Code

48076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Servic-
es, Inc.

Occupation
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

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

Transaction ID: 3866

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

LINDA ERLENCACH

Mailing Address 151 Belcourt Lane

City

Aurora

State

OH

Zip Code

44202

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.M. Erlenbach, Inc.

Occupation

Benefits Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2994

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

LINDA ERLENCACH

Mailing Address 151 Belcourt Lane

City

Aurora

State

OH

Zip Code

44202

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.M. Erlenbach, Inc.

Occupation

Benefits Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3124

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City

Omaha

State

NE

Zip Code

68164

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross Blue Shield of
Nebraska

Occupation

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3858

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City

Omaha

State

NE

Zip Code

68164

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross Blue Shield of
Nebraska

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3911

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

NICOLE FAIRBAIRN WONNELL

Mailing Address 14701 Cumberland Road, Suite 180

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Insurance Concep-
ts, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3125

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

DEIRDRE FALLON

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3884

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

CHERYL FARMER

Mailing Address 1755 East Bristol Street

City

Elkhart

State

IN

Zip Code

46514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Resources Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1842

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

DAVID FEAR

Mailing Address 11160 Sun Center Drive, Suite A

City

Rancho Cordova

State

CA

Zip Code

95670

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIMS Strategic Distributi-
on Division

Occupation
Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3859

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

DAVID FEAR

Mailing Address 11160 Sun Center Drive, Suite A

City

Rancho Cordova

State

CA

Zip Code

95670

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIMS Strategic Distributi-
on Division

Occupation
Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3910

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 29 / 119

(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)

David Ferguson

Mailing Address 143 East Austin

City

Giddings

State

TX

Zip Code

78942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of TexasOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 4387

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CATHERINE FICARA

Mailing Address 26999 Central Park Blvd.

City

Southfield

State

MI

Zip Code

48076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Financial Group,
LLCOccupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: 2989

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

CATHERINE FICARA

Mailing Address 26999 Central Park Blvd.

City

Southfield

State

MI

Zip Code

48076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Financial Group,
LLCOccupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 3166

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

BRENDA FRANKLIN

Mailing Address 7915 North Hale Avenue, Suite D

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF HealthPlans

Occupation

Group Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3041

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

LINDA FRIEDRICH

Mailing Address PO Box 30275

City

Lincoln

State

NE

Zip Code

68503

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3425

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LINDA FRIEDRICH

Mailing Address PO Box 30275

City

Lincoln

State

NE

Zip Code

68503

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3429

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

KELLY FRISTOE

Mailing Address 807 8th Street, Suite 300

City

Wichita Falls

State

TX

Zip Code

76308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Partners

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2971

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JAMES GARBINA

Mailing Address 11949 Q Street

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry A. Koch Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3853

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

JAMES GARBINA

Mailing Address 11949 Q Street

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry A. Koch Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3877

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

BRUCE GARDNER

Mailing Address 1502 West Avenue

City

Austin

State

TX

Zip Code

78701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bruce Gardner Insurance
& Investments

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3550

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

BRUCE GARDNER

Mailing Address 1502 West Avenue

City

Austin

State

TX

Zip Code

78701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bruce Gardner Insurance
& Investments

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3553

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

G. GARNER

Mailing Address 1308 Murraywood Drive

City

Columbia

State

SC

Zip Code

29212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3086

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JOHN GARVEN

Mailing Address 11715 East Main Street - PO Box 8

City

Huntley

State

IL

Zip Code

60142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benico, LTDOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3140

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

WILLIS GLAROS

Mailing Address PO Box 184

City

Dyer

State

IN

Zip Code

46311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employer Benefit SystemsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1501

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

WILLIS GLAROS

Mailing Address PO Box 184

City

Dyer

State

IN

Zip Code

46311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employer Benefit SystemsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3893

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

PATRICE GOLDFARB

Mailing Address 442 Teaneck Rd.

City

Ridgefield Park

State

NJ

Zip Code

07660

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Employee Benefits Adv-
isors Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3495

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

PATRICIA GRIFFEY

Mailing Address 227 Dixie Way North Suite 210

City

South Bend

State

IN

Zip Code

46637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Page 1 Benefits, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3494

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

ROBERT GRUNDMAN

Mailing Address 7412 Karl Drive

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2995

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ROBERT GRUNDMAN

Mailing Address 7412 Karl Drive

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3141

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

VINCENT GUERRA

Mailing Address 514 Pettigru Street

City

Greenville

State

SC

Zip Code

29602

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cason Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3092

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

TERESA GUTIERREZ

Mailing Address P O Box 638

City

Cary

State

NC

Zip Code

27512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Benefit Solutions, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3079

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

WILLIAM HAFF

Mailing Address 131 Interpark

City

San Antonio

State

TX

Zip Code

78216

FEC ID number of contributing
federal political committee.

C

Name of Employer
EDWW

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3080

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

WALTER HALE

Mailing Address 211 East Church Street

City

Morrilton

State

AR

Zip Code

72110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawkins Insurance Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3081

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

DWIGHT HALL

Mailing Address 11555 North Meridian Street, Suit

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Insurance Markete-
rs of America

Occupation
Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3143

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JOSEPH HANNAH

Mailing Address 3130 Chaparral Drive

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIGNA Healthcare

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3433

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER HARRISON

Mailing Address 921-C South McPherson Church Road

City

Fayetteville

State

NC

Zip Code

28303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

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

Transaction ID: 4383

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GERALD HARTMAN

Mailing Address PO Box 5716

City

Boise

State

ID

Zip Code

83705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network America
Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3440

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
LORI HEADLEY

Mailing Address PO Box 14725

City State Zip Code
Portland OR 97293

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthwise Insurance Plan-
ning

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3144

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 4150

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4163

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JAIME HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City

Burbank

State

CA

Zip Code

91501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jardez Financial & Insurance Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3439

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DONNA HILL

Mailing Address PO Box 724

City

Snellville

State

GA

Zip Code

30078

FEC ID number of contributing
federal political committee.

C

Name of Employer
DDH Associates, LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 4223

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

DONNA HILL

Mailing Address PO Box 724

City

Snellville

State

GA

Zip Code

30078

FEC ID number of contributing
federal political committee.

C

Name of Employer
DDH Associates, LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4224

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(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)

RICHARD HILL

Mailing Address 4435 O Street

City

Lincoln

State

NE

Zip Code

68510

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3489

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

RICHARD HILL

Mailing Address 4435 O Street

City

Lincoln

State

NE

Zip Code

68510

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3496

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

DEAN M HOFFMAN

Mailing Address W223 N608 Saratoga Dr

City

Waukesha

State

WI

Zip Code

53186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Insurance Ser-
vices, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3145

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

GLORIA HOPPER

Mailing Address 6400 Fairview Road

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Servic-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3265

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

GLORIA HOPPER

Mailing Address 6400 Fairview Road

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Servic-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3273

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

KYM HOPWOOD

Mailing Address 66 Franklin Street, Suite 210

City

Oakland

State

CA

Zip Code

94607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dealey, Renton & Associat-
es

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3090

Amount of Each Receipt this Period

30.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

GREG HORSTMAN

Mailing Address N7940 Highway E

City

Watertown

State

WI

Zip Code

53094

FEC ID number of contributing
federal political committee.

C

Name of Employer
WisconsinRx

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3147

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MARYLOU HUDMAN

Mailing Address 5330 Bent Tree Forest Drive, Suit

City

Dallas

State

TX

Zip Code

75248

FEC ID number of contributing
federal political committee.

C

Name of Employer
A Benefit Source

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3424

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARYLOU HUDMAN

Mailing Address 5330 Bent Tree Forest Drive, Suit

City

Dallas

State

TX

Zip Code

75248

FEC ID number of contributing
federal political committee.

C

Name of Employer
A Benefit Source

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3432

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

KATHLEEN HUGHES

Mailing Address 13513 Arlington Road

City

Norwalk

State

OH

Zip Code

44857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Solutions

Occupation

Benefits Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2964

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

LISA ILLS

Mailing Address 4455 East Camelback Road, Suite D

City

Phoenix

State

AZ

Zip Code

85018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glass Financial Group

Occupation

Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3203

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

LISA ILLS

Mailing Address 4455 East Camelback Road, Suite D

City

Phoenix

State

AZ

Zip Code

85018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glass Financial Group

Occupation

Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3205

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
TERRY IVES

Mailing Address P O Box 3459

City State Zip Code
San Clemente CA 92674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Executive Financial Advis-
ors Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2997

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
TERRY IVES

Mailing Address P O Box 3459

City State Zip Code
San Clemente CA 92674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Executive Financial Advis-
ors Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3149

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
JULIA JENNINGS

Mailing Address 500 Faunce Corner Rd

City State Zip Code
Dartmouth MA 02747

FEC ID number of contributing
federal political committee.

C

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

Occupation
Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2975

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JULIA JENNINGS

Mailing Address 500 Faunce Corner Rd

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

Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3088

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

R JENSEN

Mailing Address 6060 South Kenton Way

City

Englewood

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2976

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

R JENSEN

Mailing Address 6060 South Kenton Way

City

Englewood

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3089

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DAVID JOHNSON

Mailing Address P. O. Box 871129

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3895

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

ERIC JOHNSON

Mailing Address P.O. Box 244261

City

Anchorage

State

AK

Zip Code

99503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Benefit Design

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3094

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

ERIC JOHNSON

Mailing Address 3510 Willow Ridge Drive

City

Arlington

State

TX

Zip Code

76017

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Southwest

Occupation
Life & Health Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3095

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

SANDRA JOHNSON

Mailing Address 12500 Network Blvd, # 403

City

San Antonio

State

TX

Zip Code

78249

FEC ID number of contributing
federal political committee.

C

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

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 3014

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

SUZANNE JOHNSON

Mailing Address 6235 Morrison Boulevard, Suite 302

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Employee Benefit
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3264

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

SUZANNE JOHNSON

Mailing Address 6235 Morrison Boulevard, Suite 302

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Employee Benefit
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3272

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

KENNETH JONES

Mailing Address 3659 Green Rd., # 217

City

Beachwood

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
GBA Solutions

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3175

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

KEITH JORDANO

Mailing Address 12751 Orange Boulevard

City

West Palm Beach

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordano Insurance Group,
Inc.

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3093

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

LARRY KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City

Ravenna

State

OH

Zip Code

44266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Insurance Servi-
ces, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 4149

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

LARRY KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City

Ravenna

State

OH

Zip Code

44266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Insurance Servi-
ces, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4162

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

THELMA KACZMAREK

Mailing Address 2633 State Route 59, Suite B

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 4145

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

THELMA KACZMAREK

Mailing Address 2633 State Route 59, Suite B

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4156

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 50 / 119

(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)

KRISTINE KASSEL

Mailing Address 4515 S McClintock Drive #206

City

Tempe

State

AZ

Zip Code

85282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits By Design, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3113

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH KELLIHER

Mailing Address 24 Sawyer Dr.

City

Salem

State

VA

Zip Code

24153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3112

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MARK KENNEDY

Mailing Address 1173 Brittmoore Road

City

Houston

State

TX

Zip Code

77043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Concepts Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3551

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 51 / 119

(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)

JOHN KIEBLER

Mailing Address 300 West Vine Street

City

Lexington

State

KY

Zip Code

40507

FEC ID number of contributing
federal political committee.

C

Name of Employer
HumanaOccupation
CHC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 3148

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL KIELIAN

Mailing Address PO Box 45279

City

Omaha

State

NE

Zip Code

68145

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Harry A. Koch CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: 3856

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL KIELIAN

Mailing Address PO Box 45279

City

Omaha

State

NE

Zip Code

68145

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Harry A. Koch CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 3894

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
LAURIE KIRKLAND

Mailing Address PO Box 10088

City State Zip Code
Yakima WA 98909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conover Insurance, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3158

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
RANDY KLEIN

Mailing Address 306 North Cleveland Massillon Road

City State Zip Code
Akron OH 44333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Benefit Associates,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3109

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
KAY KNUTSON

Mailing Address 11209 Academy Ridge Rd., NE

City State Zip Code
Albuquerque NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Health Plan

Occupation
VP Medicare Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3870

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ROSS KRAFT

Mailing Address 41 Notre Dame Lane

City

Utica

State

NY

Zip Code

13502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Group of New York, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3872

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associates, Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3267

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associates, Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3274

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DAVID KROSS

Mailing Address 5556-B Cheviot Rd.

City

Cincinnati

State

OH

Zip Code

45247

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Benefits Agency,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3159

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MARY LANDEN

Mailing Address 1000 Burnett Avenue, Suite 440

City

Concord

State

CA

Zip Code

94520

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMail

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3107

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

SUE LARSEN

Mailing Address P.O. Box 6465

City

Santa Barbara

State

CA

Zip Code

93111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Larsen Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3897

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

SCOTT LEAVITT

Mailing Address 9494 West Fairview Ave., # C

City State Zip Code
Boise ID 83704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Leavitt Insurance
& Financial S

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3106

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MARILYN LEONARD

Mailing Address 3676 Woodley Drive

City State Zip Code
San Jose CA 95148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beacon Ridge Health Insur-
ance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3117

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

RONALD LEVINE

Mailing Address 3965 Johns Creek Ct., Suite- A

City State Zip Code
Suwanee GA 30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARINSO International

Occupation
Vice President HRO Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3118

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

BRIAN 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
KL Benefits

Occupation

Benefits Spec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3871

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

CHARLES LINEBERGER

Mailing Address 1536-A Union Rd

City

Gastonia

State

NC

Zip Code

28054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Partners, Inc.

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2970

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

CLARK LOEWE

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insurance

Occupation

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1959

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 57 / 119

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DALE LOWENSTEIN

Mailing Address PO Box 8577

City

Calabasas

State

CA

Zip Code

91372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dale R. Lowenstein Insura-
nce Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3438

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MAURICE LYONS

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
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3873

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

THOMAS MAGNUS

Mailing Address PO Box 999

City

El Granada

State

CA

Zip Code

94018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of California

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3177

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

RAYMOND MAGNUSON

Mailing Address 9121 E. Tanque Verde Rd.#105, #309

City

Tucson

State

AZ

Zip Code

85749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnuson and Associates

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3115

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

VICTORIA MAJOR-BELL

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 931

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

VICTORIA MAJOR-BELL

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1249

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

KIMBERLY MARTIN

Mailing Address 180 Charlotte Highway

City

Asheville

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3271

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3161

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MATTHEW MASONE

Mailing Address 6731 Columbia Gateway Dr, Suite 2

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Financial Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3284

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

NICHOLAS MASSEI

Mailing Address 832 Humewick Way

City

Sunnyvale

State

CA

Zip Code

94087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massey Insurance Services
Agency

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3875

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

DONALD MATHERN

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3162

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

CAROL MATZNICK

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
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3104

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 61 / 119

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
MICHAEL MATZNICK

Mailing Address PO Box 38248

City State Zip Code
Greensboro NC 27438

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3898

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)
CHRISTA MCCONATHY

Mailing Address 5171 Verdugo Way

City State Zip Code
Ventura CA 93004

FEC ID number of contributing
federal political committee.

C

Name of Employer
wellpoint

Occupation
Director, Dental Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3874

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)
JOHN MCCONNAUGHEY

Mailing Address PO Box 805

City State Zip Code
West Chester OH 45071

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency,
Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3157

Amount of Each Receipt this Period

30.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

H MCDERMOTT

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4161

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

RYAN MCDERMOTT

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
Account Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3102

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

LESLIE MCGERR

Mailing Address 6125 Havelock Avenue

City

Lincoln

State

NE

Zip Code

68507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Les McGerr & Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 3015

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DANIEL MCMAHON

Mailing Address 123 East 2nd Avenue

City

Spokane

State

WA

Zip Code

99202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones & Mitchell Insurance

Occupation

Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3431

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

TRAVIS MIDDLETON

Mailing Address 20501 Katy Freeway, # 219

City

Katy

State

TX

Zip Code

77450

FEC ID number of contributing
federal political committee.

C

Name of Employer
TradeMark Insurance Agency
LLC

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4158

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

JEFF MILES

Mailing Address 578 Washington Blvd., #801

City

Marina del Rey

State

CA

Zip Code

90292

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Miles Organization,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3903

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

GLENDAE MITCHELL

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

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1961

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

STEPHANIE MONETTE

Mailing Address 1510 Meadow Wood Lane

City

Reno

State

NV

Zip Code

89502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Plans

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3097

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

DAVID MOORE

Mailing Address PO Box 1006

City

Burlington

State

NC

Zip Code

27216

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3854

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DAVID MOORE

Mailing Address PO Box 1006

City

Burlington

State

NC

Zip Code

27216

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3876

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

WESLEY MOORE

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
W P Moore Agency

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 4144

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

WESLEY MOORE

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
W P Moore Agency

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4157

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

CAROLYNNE MULDOON

Mailing Address 457 Main Street

City

Longmont

State

CO

Zip Code

80501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Employee Benefit
Group, LLC

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3100

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

GLEN MULREADY

Mailing Address 1400 South Boston Avenue, 3rd Flo

City

Tulsa

State

OK

Zip Code

74119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3101

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

RAY MUSSER

Mailing Address 404 North Second Avenue, Suite B

City

Upland

State

CA

Zip Code

91786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray M. Musser & Associate-
s, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3896

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ashley Mutschink

Mailing Address 1017 Main Street

City

Bastrop

State

TX

Zip Code

78602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of Texas

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4384

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHELE MYERS

Mailing Address 85 North Danny Thomas Blvd.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross BlueShield of
Tennessee

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3050

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

JOSHUA NACE

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,
Inc.

Occupation
Vice President Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2967

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JOSHUA NACE

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,
Inc.

Occupation

Vice President Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3051

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JOEL NEWMAN

Mailing Address 3305 115th Ave. NE #301

City

Bellevue

State

WA

Zip Code

98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Supplemental Ins.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3054

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

RON NEZAT

Mailing Address PO Box 91180

City

Lafayette

State

LA

Zip Code

70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resource-
s, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3882

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 69 / 119

(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)

Gary Nitsche

Mailing Address 2838 Guenther Road

City

La Grange

State

TX

Zip Code

78945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of TexasOccupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 4385

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

R Nitsche

Mailing Address 143 East Austin

City

Giddings

State

TX

Zip Code

78942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of TexasOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 4388

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Nitsche

Mailing Address 143 East Austin

City

Giddings

State

TX

Zip Code

78942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of TexasOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 4389

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

TRISHA NORKET

Mailing Address PO Box 220748

City

Charlotte

State

NC

Zip Code

28222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Services

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3044

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL NORRIS

Mailing Address PO Box 999

City

Franklin

State

NC

Zip Code

28744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayah Insurance Agency

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2966

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL NORRIS

Mailing Address PO Box 999

City

Franklin

State

NC

Zip Code

28744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayah Insurance Agency

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3045

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

FRANK NOVY

Mailing Address 21238 Woodview Circle

City

Strongsville

State

OH

Zip Code

44149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualified Administrative
Services, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3046

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

THERESA OLSON

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1963

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

TIFFANY OTIS

Mailing Address 28588 Northwestern Highway, Suite

City

Southfield

State

MI

Zip Code

48034

FEC ID number of contributing
federal political committee.

C

Name of Employer
PPOM

Occupation
Vice President Corporate Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3056

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JOHN PARKER

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
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3920

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

JOHN PARKER

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
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3921

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

DAVID PERRY

Mailing Address 1634 Ryan Street

City

Lake Charles

State

LA

Zip Code

70601

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Perry Agency, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3004

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DAVID PERRY

Mailing Address 1634 Ryan Street

City

Lake Charles

State

LA

Zip Code

70601

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Perry Agency, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3048

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Joseph Phiher

Mailing Address 5495 Belt Line Road, Suite 155

City

Dallas

State

TX

Zip Code

75254

FEC ID number of contributing
federal political committee.

C

Name of Employer
SafeGuard Dental & Vision

Occupation
Sr. Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3863

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Joseph Phiher

Mailing Address 5495 Belt Line Road, Suite 155

City

Dallas

State

TX

Zip Code

75254

FEC ID number of contributing
federal political committee.

C

Name of Employer
SafeGuard Dental & Vision

Occupation
Sr. Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3878

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

SUSAN PITTMAN

Mailing Address 32418 51st Avenue, SW

City

State

Zip Code

Federal Way

WA

98023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insure NW Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3426

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

SUSAN PITTMAN

Mailing Address 32418 51st Avenue, SW

City

State

Zip Code

Federal Way

WA

98023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insure NW Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3437

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

TERRI PRITCHARD

Mailing Address 1315 Westbrook Plaza Dr., #300

City

State

Zip Code

Winston Salem

NC

27103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Third Party Marketers Of
America, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3151

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JOHN PRUE

Mailing Address 7311 West 132nd Street, Suite 200

City State Zip Code

Shawnee Mission

KS

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3864

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

JOHN PRUE

Mailing Address 7311 West 132nd Street, Suite 200

City State Zip Code

Shawnee Mission

KS

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3879

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

REBECCA PURDY

Mailing Address 724 South 9th Street

City State Zip Code

Las Vegas

NV

89101

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Onyx Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3059

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

SUSAN MALEY RASH

Mailing Address 2108 West Laburnum Avenue, Suite

City

Richmond

State

VA

Zip Code

23227

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3880

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

JON RAUSER

Mailing Address 400 East Wisconsin Avenue, # 200

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rauser Agency, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4338

Amount of Each Receipt this Period

170.00

C.

Full Name (Last, First, Middle Initial)

KEN RAY

Mailing Address P. O. Box 14207

City

Jackson

State

MS

Zip Code

39236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Sneed Hewes/Banco-
rpSouth Insu

Occupation

Director of Marketing - Life/H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1137

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DENNIS RECKER

Mailing Address 971 North Perry Street

City

Ottawa

State

OH

Zip Code

45875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fawcett, Lammon, Recker
& Associates

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2983

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

DENNIS RECKER

Mailing Address 971 North Perry Street

City

Ottawa

State

OH

Zip Code

45875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fawcett, Lammon, Recker
& Associates

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3150

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

JONI REENTS

Mailing Address 7100 N. Broadway, #6-OPH

City

Denver

State

CO

Zip Code

80221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romer, Reents & Associates,
Inc.

Occupation

Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3058

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JAMES RICKETTS

Mailing Address 3900 Halisport Drive

City

Kennesaw

State

GA

Zip Code

30152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchasing Alliance Solut-
ions, Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3881

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

GLEN RIENSCHKE

Mailing Address 3601 Calvert, Ste. 1

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Servic-
es

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2980

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

GLEN RIENSCHKE

Mailing Address 3601 Calvert, Ste. 1

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Servic-
es

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2981

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

GLEN RIENSCHÉ

Mailing Address 3601 Calvert, Ste. 1

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Servic-
es

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3153

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

GLEN RIENSCHÉ

Mailing Address 3601 Calvert, Ste. 1

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Servic-
es

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3154

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MARK C RILEY

Mailing Address PO Box 1635

City

Irmo

State

SC

Zip Code

29063

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Benefit Services,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3435

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ELIZABETH RIOS-CARL

Mailing Address 124 West Castellano Drive, Suite

City State Zip Code
 El Paso TX 79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodman Financial Group

Occupation
VP - Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 2982

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

ELIZABETH RIOS-CARL

Mailing Address 124 West Castellano Drive, Suite

City State Zip Code
 El Paso TX 79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodman Financial Group

Occupation
VP - Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3155

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL RIVERA

Mailing Address 12200 Northwest Freeway, Suite 662

City State Zip Code
 Houston TX 77092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3899

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ALINE ROBERTS

Mailing Address 3537 Old Conejo Road Suite 114

City State Zip Code
 Newberry Park CA 91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Dimensions, Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 4336

Amount of Each Receipt this Period

170.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH ROBERTS

Mailing Address 7101 S. 82nd St., #B

City State Zip Code
 Lincoln NE 68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 4147

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH ROBERTS

Mailing Address 7101 S. 82nd St., #B

City State Zip Code
 Lincoln NE 68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 4155

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

WILLIAM ROBINSON

Mailing Address 100 S. Sunrise Way, PMB 364

City

Palm Springs

State

CA

Zip Code

92262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3861

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM ROBINSON

Mailing Address 100 S. Sunrise Way, PMB 364

City

Palm Springs

State

CA

Zip Code

92262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3900

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM ROBINSON

Mailing Address 739 East Jackson Street

City

Martinsville

State

IN

Zip Code

46151

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual
Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3078

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

EUGENE ROWE

Mailing Address 16000 Ventura Blvd, Suite 1103

City State Zip Code
 Encino CA 91436

FEC ID number of contributing
federal political committee.

C

Name of Employer
R & R Insurance and Retirement Service

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 2979

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

EUGENE ROWE

Mailing Address 16000 Ventura Blvd, Suite 1103

City State Zip Code
 Encino CA 91436

FEC ID number of contributing
federal political committee.

C

Name of Employer
R & R Insurance and Retirement Service

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3173

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

FRANCIS RUGGIERO

Mailing Address 15 Kennedy Drive

City State Zip Code
 Budd Lake NJ 07828

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associates

Occupation
Director of Broker Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3902

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

CRISTY RUSSELL GUPTO

Mailing Address 357 Sanford Drive

City

Morganton

State

NC

Zip Code

28655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Supplemental Ins-
urance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3434

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

VIRGINIA SAFFORD

Mailing Address 5753 North River Road

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia D. Safford Group
Health Bene

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2978

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

VIRGINIA SAFFORD

Mailing Address 5753 North River Road

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia D. Safford Group
Health Bene

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3152

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

WAYNE SAKAMOTO

Mailing Address 2664 White Cedar Lane

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Insurance Interact-
ive, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3057

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN SALAMON

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 977

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN SALAMON

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1272

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

STEPHEN SALAMON

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3901

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

RYAN SAUL

Mailing Address 1521 Technology Parkway

City

Cedar Falls

State

IA

Zip Code

50613

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIPAC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3077

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

ALFONSO 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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3194

Amount of Each Receipt this Period

33.00

SUBTOTAL of Receipts This Page (optional)

148.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

MARK SCHLANGE

Mailing Address P. O. Box 700

City

Bellevue

State

NE

Zip Code

68005

FEC ID number of contributing
federal political committee.

C

Name of Employer
NP Dodge Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3001

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MARK SCHLANGE

Mailing Address P. O. Box 700

City

Bellevue

State

NE

Zip Code

68005

FEC ID number of contributing
federal political committee.

C

Name of Employer
NP Dodge Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3076

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MEL SCHLESINGER

Mailing Address PO Box 30100

City

Winston Salem

State

NC

Zip Code

27130

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rainmakers Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3887

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kenneth Schmidt

Mailing Address 1332 Hunters Hollow Court

City

Eureka

State

MO

Zip Code

63025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mengel, Surdyke, Murphy
and Finke

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Benefits Consultant

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: 4152

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Schmidt

Mailing Address 1332 Hunters Hollow Court

City

Eureka

State

MO

Zip Code

63025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mengel, Surdyke, Murphy
and Finke

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Benefits Consultant

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4154

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

ALAN SCHULMAN

Mailing Address 2003 Little Haven Court

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3002

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 89 / 119

(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)

ALAN SCHULMAN

Mailing Address 2003 Little Haven Court

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sorsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3073

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JAMES SCHULZ

Mailing Address 7101 S. 82nd St.

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
tsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3885

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

DAN SCHWARTZER

Mailing Address 4600 American Parkway, Suite 208

City

Madison

State

WI

Zip Code

53718

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAHUOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3060

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

GREG SEIFERT

Mailing Address PO Box 189

City

Vancouver

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biggs Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3890

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

DOUGLAS SHEFFER

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3174

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Sherlin

Mailing Address P. O. Box 1550

City

Asheville

State

NC

Zip Code

28801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Group

Occupation
Marketing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2999

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kenneth Sherlin

Mailing Address P. O. Box 1550

City

Asheville

State

NC

Zip Code

28801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Group

Occupation

Marketing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3071

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

BOB SHUPE

Mailing Address PO Box 2344

City

Brentwood

State

TN

Zip Code

37024

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP, Inc

Occupation

President, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3436

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

ROBERT SICHMELLEA

Mailing Address 585 East Los Angeles Avenue, #H

City

Simi Valley

State

CA

Zip Code

93065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acme Insurance and Financial Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3068

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ROBERT SICHMELLEA

Mailing Address 585 East Los Angeles Avenue, #H

City

Simi Valley

State

CA

Zip Code

93065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acme Insurance and Financial Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3069

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

STEVEN SINKLER

Mailing Address 4320 114th St.

City

Urbandale

State

IA

Zip Code

50322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care of Iowa

Occupation
Director of Individual Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3000

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

STEVEN SINKLER

Mailing Address 4320 114th St.

City

Urbandale

State

IA

Zip Code

50322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care of Iowa

Occupation
Director of Individual Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3070

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JON SIVERS

Mailing Address 10731 Treena St., # 109

City

San Diego

State

CA

Zip Code

92131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ace Benefits Insurance Se-
rvices, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3172

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

ROBERT SKINNER

Mailing Address 6612 East 75th Street, Suite 200

City

Indianapolis

State

IN

Zip Code

46250

FEC ID number of contributing
federal political committee.

C

Name of Employer
GroupLink, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1964

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

DESMOND SLATTERY

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3883

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

GREGORY SMITH

Mailing Address 2201 Woodlawn Road

City

Lincoln

State

IL

Zip Code

62656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Marketing Services
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1495

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

PAUL SMITH

Mailing Address 124 Washington Street

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3888

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

JAMES SOUTHARD

Mailing Address 7204-B West Friendly Avenue

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Benefits Ass-
ociates, LLC

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3066

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JAMES SOUTHARD

Mailing Address 7204-B West Friendly Avenue

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Benefits Ass-
ociates, LLC

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3204

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

ANNE SPERLING

Mailing Address 25 Antigua Road

City

Santa Fe

State

NM

Zip Code

87508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniels Insurance, Inc.

Occupation
Employee Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3269

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

JACKIE SPRAGINS

Mailing Address PO Box 2073

City

Wichita Falls

State

TX

Zip Code

76307

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2986

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JACKIE SPRAGINS

Mailing Address PO Box 2073

City

Wichita Falls

State

TX

Zip Code

76307

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3170

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

NORMAN SPRINGER

Mailing Address 1626 East 203rd Street

City

Westfield

State

IN

Zip Code

46074

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3171

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

KENNETH STATZ

Mailing Address PO Box 41068

City

Brecksville

State

OH

Zip Code

44141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Statz & Associates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
agent

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3062

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JAMES STENGER

Mailing Address 268 South Street

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial Services

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4337

Amount of Each Receipt this Period

170.00

B.

Full Name (Last, First, Middle Initial)

RODNEY STUART

Mailing Address 9755 Randall Dr., # 101

City

Indianapolis

State

IN

Zip Code

46280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations LLP

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3428

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

RODNEY STUART

Mailing Address 9755 Randall Dr., # 101

City

Indianapolis

State

IN

Zip Code

46280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations LLP

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3442

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

RODNEY STUART

Mailing Address 9755 Randall Dr., # 101

City State Zip Code
 Indianapolis IN 46280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations LLP

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3889

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

JAMES SUGDEN

Mailing Address 2000 S Colorado Tower #1 #9000

City State Zip Code
 Denver CO 80222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Solution-
s, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3164

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

HENRY SULLIVAN

Mailing Address 523 Camilla Avenue

City State Zip Code
 Roanoke VA 24014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sullivan & Associates

Occupation
Media Relations Chair Region 1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 3067

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JAMES SUMMERS

Mailing Address 8420 West Dodge Road, Suite 510

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 4222

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

JAMES SUMMERS

Mailing Address 8420 West Dodge Road, Suite 510

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 4225

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

RYAN THORN

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3012

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

RYAN THORN

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
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3063

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

DANIEL TOMPKINS

Mailing Address PO Box 1810

City

Roswell

State

GA

Zip Code

30077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Admin America

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3268

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

DANIEL TOMPKINS

Mailing Address PO Box 1810

City

Roswell

State

GA

Zip Code

30077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Admin America

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3270

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JENNIFER TOUPS

Mailing Address PO Box 113113

City

Metairie

State

LA

Zip Code

70011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Insurance Group

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3011

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JENNIFER TOUPS

Mailing Address PO Box 113113

City

Metairie

State

LA

Zip Code

70011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Insurance Group

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3133

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

ERIC TOWNSEND

Mailing Address 1658 Presto Avenue

City

Indianapolis

State

IN

Zip Code

46224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Omaha

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 3016

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3855

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3891

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

ALBERT TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City

Boca Raton

State

FL

Zip Code

33431

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Hancock

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3285

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ROBERT TRETTER

Mailing Address 13016 Delmar Street

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGIS Inc

Occupation

Regional Mrkt. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3441

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CHARLES TROGDON

Mailing Address 7910 North Ingram Avenue, Suite 2

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3131

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MARILYN VAN SANT

Mailing Address 268 South Street

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marschil Ins. T/A Northea-
st Ins Svs.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3862

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code
Tyler TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Threlkeld & Company Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3129

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
ROBERT VERNON

Mailing Address PO Box 18251

City State Zip Code
Roanoke VA 24014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwind Health Partners

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3006

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
ROBERT VERNON

Mailing Address PO Box 18251

City State Zip Code
Roanoke VA 24014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwind Health Partners

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3130

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

PETER VINTON

Mailing Address 9480 Deereco Road

City

Timonium

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Coverage, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3552

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

CHARLES WAGNER

Mailing Address PO Box 9

City

Burwell

State

NE

Zip Code

68823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Insurance
Agency, Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3427

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY WALSH

Mailing Address PO Box 417

City

Hampstead

State

NC

Zip Code

28443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3128

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 106 / 119

(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)
JESSICA WALTMAN

Mailing Address 10 Doyle Road

City	State	Zip Code
Wayne	PA	19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHUOccupation
VP, Policy and State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 2987

Amount of Each Receipt this Period

30.00

B.Full Name (Last, First, Middle Initial)
JESSICA WALTMAN

Mailing Address 10 Doyle Road

City	State	Zip Code
Wayne	PA	19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHUOccupation
VP, Policy and State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3182

Amount of Each Receipt this Period

30.00

C.Full Name (Last, First, Middle Initial)
CHARLES WEBB

Mailing Address 15 S. Jefferson Street

City	State	Zip Code
Roanoke	VA	24011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3904

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DAN WEBB

Mailing Address 2108 24th St Ste 2

City

Bakersfield

State

CA

Zip Code

93301

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Webb Insurance Group

Occupation

Marketing Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3905

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

JENNIFER WENKE

Mailing Address 1395 Panther Lane, Suite 100

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutgert Insurance

Occupation

Account Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3137

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

C.L. WESTMORELAND

Mailing Address PO Box 925

City

Jackson

State

MS

Zip Code

39205

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Public Life Insurance Company

Occupation

Director of Agency Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2985

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

C.L. WESTMORELAND

Mailing Address PO Box 925

City

Jackson

State

MS

Zip Code

39205

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Public Life Insurance Company

Occupation

Director of Agency Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3167

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

LISA WETHERTON

Mailing Address 4180 Providence Rd

City

Dahlonega

State

GA

Zip Code

30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Strategies

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 1810

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

LISA WETHERTON

Mailing Address 4180 Providence Rd

City

Dahlonega

State

GA

Zip Code

30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Strategies

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1834

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

RICHARD WHEELER

Mailing Address 617 Highway 71, Building 2-6

City

Brielle

State

NJ

Zip Code

08730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard E. Wheeler Insura-
nce Services

Occupation
Sales agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3138

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

PAULA WILSON

Mailing Address PO Box 892740

City

Temecula

State

CA

Zip Code

92589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paula Wilson, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 2990

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

PAULA WILSON

Mailing Address PO Box 892740

City

Temecula

State

CA

Zip Code

92589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paula Wilson, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3163

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

STEVEN WILSON

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 Market-
ing

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3497

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

SUE WILSON

Mailing Address P. O. Box 12816

City

Oklahoma City

State

OK

Zip Code

73157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sue Wilson Brokerage, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1965

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

OWEN WINGATE

Mailing Address 155 Professional Dr

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wingate Insurance Group,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3275

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 111 / 119

(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)

TAMMY WINN

Mailing Address 5113 Southwest Parkway #150

City

Austin

State

TX

Zip Code

78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Insurance ServicesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3009

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

TAMMY WINN

Mailing Address 5113 Southwest Parkway #150

City

Austin

State

TX

Zip Code

78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Insurance ServicesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3135

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

SHELLY WINSON

Mailing Address PO Box 1914

City

Scottsdale

State

AZ

Zip Code

85252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principal Financial GroupOccupation
Business Development Director,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3165

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

STEVEN WISNESKI

Mailing Address 4265 Grand Haven Road, Suite 200

City

Muskegon

State

MI

Zip Code

49441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Benefit Systems,
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3136

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

ROSANNE WOLFE

Mailing Address 4600 East Swans Nest Road

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolfe Insurance & Consult-
ants, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1270

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

DIANALOU WOLFF

Mailing Address 106 Main Street

City

Kingston

State

NY

Zip Code

12401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Counseling Associ-
ates

Occupation
Group & Health Benefit Special

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3134

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DENNIS WRIGHT

Mailing Address 111 East Ludwig Road, Suite 108

City

Fort Wayne

State

IN

Zip Code

46825

FEC ID number of contributing
federal political committee.

C

Name of Employer
IntraHealth Solutions, In-
c.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3908

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

BARBARA WRIGHT KNOX

Mailing Address 111 East Ludwig Road, Suite 108

City

Fort Wayne

State

IN

Zip Code

46825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intrahealthsolutions, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3111

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

ROBERT ZIFF

Mailing Address 17 North Delmorr Avenue

City

Morrisville

State

PA

Zip Code

19067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avanti Benefits Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 4151

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

18343.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 119

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: 6209 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	7													
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: 6210 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	7													
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">105.28</td> </tr> </table>	105.28																			
105.28																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 229 Date of Disbursement																				
Mailing Address 7810 Old Branch Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	7													
City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period																				
Purpose of Disbursement bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">822.76</td> </tr> </table>	822.76																			
822.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

932.54

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 6208

Date of Disbursement

08 / 11 / 2007

Amount of Each Disbursement this Period

56.84

B.

Full Name (Last, First, Middle Initial)

Discover Newtork

Mailing Address P.O. Box 3016

City New Albany State OH Zip Code 43054

Purpose of Disbursement
bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 6180

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

8.82

SUBTOTAL of Disbursements This Page (optional) ►

65.66

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

998.20

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100

City
Springfield

State
MO

Zip Code
65805

Purpose of Disbursement
contribution

Candidate Name
ROY BLUNT

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 6181

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

MARY BONO COMMITTEE

Mailing Address P.O. Box 3370

City
Palm Springs

State
CA

Zip Code
92263

Purpose of Disbursement
contribution

Candidate Name
MARY BONO

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 6215

Date of Disbursement

08 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

REED COMMITTEE

Mailing Address PO BOX 8628

City
CRANSTON

State
RI

Zip Code
02920

Purpose of Disbursement
contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 6190

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address P.O. Box 37091

City State Zip Code
Charlotte NC 28237

Purpose of Disbursement
contribution

Candidate Name
SUE MYRICK

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: 6211

Date of Disbursement

08 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road

City State Zip Code
Columbus OH 43229

Purpose of Disbursement
contribution

Candidate Name
PATRICK J TIBERI

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 228

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
TOM FEENEY FOR CONGRESS

Mailing Address 1420 Alafaya Trail #103

City State Zip Code
Oviedo FL 32765

Purpose of Disbursement
contribution

Candidate Name
TOM FEENEY

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 6218

Date of Disbursement

08 / 26 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 123 West High Avenue

City State Zip Code
New Philadelphia OH 44663

Purpose of Disbursement
contribution

Candidate Name
ZACHARY T SPACE

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 6213

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

14000.00