

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

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street)

2000 14TH ST

☐Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22201

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

07

31

2010

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

11

26

2010

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)

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Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		188966.64
(b) Cash on Hand at Beginning of Reporting Period	193633.59	
(c) Total Receipts (from Line 19)	52429.33	321753.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	246062.92	510720.31
7. Total Disbursements (from Line 31)	26828.99	291486.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	219233.93	219233.93
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)

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Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	41002.38	182679.18
(ii) Unitemized	11425.50	139058.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52427.88	321737.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	52427.88	321737.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.45	16.47
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))	52429.33	321753.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52429.33	321753.67

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1328.99	11531.38	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1328.99	11531.38	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	271800.00	
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	2155.00	
(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	2155.00	
29. Other Disbursements.....	3000.00	6000.00	
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))..	26828.99	291486.38	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26828.99	291486.38	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	52427.88	321737.20
34. Total Contribution Refunds (from Line 28(d))	0.00	2155.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52427.88	319582.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1328.99	11531.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1328.99	11531.38

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

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

FOR LINE NUMBER: PAGE 6 / 158

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jeff Ahrendsen

Mailing Address 3830 Wakefield Dr

City

Colorado Springs

State

CO

Zip Code

80906-4393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Resources, 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
0 7 / 2 2 / 2 0 1 0

Transaction ID: 10224-P35992

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Terry Allard

Mailing Address 11619 Brook Hill Ct

City

Anchorage

State

AK

Zip Code

99516-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10225-P36239

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Daniel Alm

Mailing Address 5071 S 175th St

City

Omaha

State

NE

Zip Code

68135-3457

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross BlueShield of
Nebraska

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36685

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 7 / 158

(check only one)

<input checked="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)

Kirk Andonian

Mailing Address 4423 Point Fosdick Dr NW Ste 306

City

Gig Harbor

State

WA

Zip Code

98335-1794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berg Andonian

Occupation

Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

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

Transaction ID: 10224-P35650

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Catherine M. Antonie

Mailing Address W190 S7238 Lochcrest Blvd

City

Muskego

State

WI

Zip Code

53150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Futures LLC

Occupation

Employee Benefit Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 10225-P36323

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Elizabeth Ashmore

Mailing Address 6102 82nd St Ste 6

City

Lubbock

State

TX

Zip Code

79424-0803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore & Associates Insurance Agency

Occupation

agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

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

Transaction ID: 10227-P36393

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 158

(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 T. Ashton-Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation

Director of Provider Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 10227-P36472

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas R. Aslesen

Mailing Address 5517 Hillside Cir

City

Minneapolis

State

MN

Zip Code

55439-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accord Benefit Resources,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 10132

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Chuck Athans

Mailing Address 6362 Cedar Ln

City

Lakeland

State

FL

Zip Code

33813-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
BCBS of Florida

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 7 / 1 5 / 2 0 1 0

Transaction ID: 10165

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1405.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 158

(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)

Kimberly L. Auclair

Mailing Address 6873 Raccoon Ct

City

Viera

State

FL

Zip Code

32940-6869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pineapple Financial Servi-
ces, LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 10156

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kimberly L. Auclair

Mailing Address 6873 Raccoon Ct

City

Viera

State

FL

Zip Code

32940-6869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pineapple Financial Servi-
ces, LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

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

Transaction ID: 10224-P35758

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jody A Augustine

Mailing Address 1704 NW 41st Ave

City

Cape Coral

State

FL

Zip Code

33993-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
aetna

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

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

Transaction ID: 10159

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1395.00

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 10 / 158

(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)

Jeffrey L. Bader

Mailing Address 1903 Otoole Way

City

San Jose

State

CA

Zip Code

95131-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health & Life Associates

Occupation

Manager, Broker Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36198

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kimberly L Ball

Mailing Address 711 E Ashlan Ave

City

Fresno

State

CA

Zip Code

93704-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Shield of California

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10224-P35895

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Diane L. Barton

Mailing Address 2732 Kerry Ln

City

Oklahoma City

State

OK

Zip Code

73120-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
OK

Occupation

Account Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36363

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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 11 / 158

(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 S. Bauer

Mailing Address 1027 Tahoe Dr

City

Belmont

State

CA

Zip Code

94002-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bauer 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
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36184

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Waunakee

State

WI

Zip Code

53597-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean Health Plan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

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

Transaction ID: 10227-P36661

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Darrald T Bean

Mailing Address 3922 Rampart St

City

Boise

State

ID

Zip Code

83704-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bean Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36309

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 158

(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)

Eric C. Beittel

Mailing Address 578 Lester Ct

City

Harrisburg

State

PA

Zip Code

17112-2279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Enders Insurance Associat-
es

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P36102

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ann C. Bell

Mailing Address 2171 S Pebblecreek Ln

City

Boise

State

ID

Zip Code

83706-6123

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36350

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Nathan G. Bengé

Mailing Address 13514 Maple Brook Dr

City

San Antonio

State

TX

Zip Code

78232-5174

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHI 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 Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36132

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 158

(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 C. Benson

Mailing Address 4324 Keystone Ave

City

Culver City

State

CA

Zip Code

90232-3437

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCB Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 10158

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bruce D. Benton

Mailing Address 20161 Delita Dr

City

Woodland Hills

State

CA

Zip Code

91364-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis SmithBenton Insur-
ance & Finan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

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

Transaction ID: 10227-P36522

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephanie Berger

Mailing Address 743 Diamond Dr

City

Camarillo

State

CA

Zip Code

93010-7497

FEC ID number of contributing
federal political committee.

C

Name of Employer
HLS Insurance Services

Occupation
Large Group Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36310

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1230.00

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 / 158

(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 A Berman

Mailing Address 8805 Sawleaf Rd

City

Indianapolis

State

IN

Zip Code

46260-1534

FEC ID number of contributing
federal political committee.

C

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

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36662

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas Besselman

Mailing Address 6421 Perkins Rd Bldg A # 2B

City

Baton Rouge

State

LA

Zip Code

70808-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Besselman & Little Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 10225-P36162

Amount of Each Receipt this Period

500.00

Payroll Deduction

(\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

C. Sue Bisbee

Mailing Address 4211 Parsifal St NE

City

Albuquerque

State

NM

Zip Code

87111-3374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinisource, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36680

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 158

(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 J Bishop

Mailing Address 2785 E Desert Inn Rd Ste 260

City

Las Vegas

State

NV

Zip Code

89121-3693

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 10224-P35649

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Bradford H. Blain

Mailing Address 2205 Abbeywood Rd

City

Lexington

State

KY

Zip Code

40515-1157

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P36105

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Russ Blakely

Mailing Address PO Box 11310

City

Chattanooga

State

TN

Zip Code

37401-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Blakely & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35574

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 158

(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)

Chad V. Blankenburg

Mailing Address 5950 Fairview Rd Ste 618

City

Charlotte

State

NC

Zip Code

28210-3113

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 ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36381

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Andrea M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialties, In-
c.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36523

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialties, In-
c.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36524

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 158

(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)

Michele B. Bloom

Mailing Address 2213A Walnut St

City

Harrisburg

State

PA

Zip Code

17103-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson, Reid & Co

Occupation

Plan Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

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

Transaction ID: 10227-P36663

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

B.

Full Name (Last, First, Middle Initial)

Daniel J. Boaz

Mailing Address 5565 Roberts Dr

City

Atlanta

State

GA

Zip Code

30338-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthLife Group, LLC

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36311

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Diane Borrison

Mailing Address 5448 Thornwood Dr Ste 200

City

San Jose

State

CA

Zip Code

95123-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Professionals

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36202

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 158

(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 C. Bosier

Mailing Address 6410 N Butler Rd

City

Cedar Falls

State

IA

Zip Code

50613-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Accel Group

Occupation

Ins Design and Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35842

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ron Bowling

Mailing Address 8326 Richards Rd

City

Shawnee Mission

State

KS

Zip Code

66215-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36314

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jim Bowman

Mailing Address 2701 W 15th St # 554

City

Plano

State

TX

Zip Code

75075-7523

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36149

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 158

(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)

Adam Brackemyre

Mailing Address 2000 14th St N

City

Arlington

State

VA

Zip Code

22201-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation

Staff Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36533

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eleanor M. Brockhurst

Mailing Address 5812 N 12th St Unit 4

City

Phoenix

State

AZ

Zip Code

85014-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brockhurst & Associates,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35841

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Belinda M Brooks

Mailing Address 323 Krotzer Ave

City

Luckey

State

OH

Zip Code

43443-9758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consumer Driven Concepts,
L.L.C.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36526

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 158

(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)

Jude Broussard

Mailing Address 31 Oakthorn Ct

City

Youngsville

State

LA

Zip Code

70592-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Breaux & Broussard, LLC

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P36064

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kasey Buckner

Mailing Address 6645 N Park Dr

City

Watauga

State

TX

Zip Code

76148-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Granite 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36158

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Anthony C Buechler

Mailing Address 1203 Colonial Cir

City

Papillion

State

NE

Zip Code

68046-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buechler Insurance 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
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36130

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 158

(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)

Ronald S. Buffum

Mailing Address 3016 Rock Rose Pl

City

Round Rock

State

TX

Zip Code

78665-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Buffum Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36527

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Scott T. Buie

Mailing Address 2819 E 4215 S

City

Salt Lake City

State

UT

Zip Code

84124-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buie Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36666

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City

Anchorage

State

AK

Zip Code

99503-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36429

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

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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)

Patrick Burns

Mailing Address 5653 Maxwellton Rd

City

Oakland

State

CA

Zip Code

94618-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burns Employee Benefits
Insurance Ser

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 10224-P36080

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joseph W. Buyalos

Mailing Address 9051 Major Smith Ln

City

Frederick

State

MD

Zip Code

21704-7831

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Insurance Exchange,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

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

Transaction ID: 10225-P36133

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City

Pontiac

State

MI

Zip Code

48340-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Lakes Benefit Group

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 10227-P36651

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 158

(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 A. Cagliola

Mailing Address 71 Quail Dr S

City

Phoenixville

State

PA

Zip Code

19460-1075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radnor Benefits Group, In-
c.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 10224-P35843

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Louie L. Cason

Mailing Address 2920 Gervais St

City

Columbia

State

SC

Zip Code

29204-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cason Group, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 10224-P35738

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Lorelei G. Castellani

Mailing Address PO Box 2100

City

Branchville

State

NJ

Zip Code

07826-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Guidance Systems

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

Transaction ID: 10224-P36084

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 158

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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)

Alison M. Challacombe

Mailing Address 20575 Woodside Ct

City

Bend

State

OR

Zip Code

97702-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifeWise Health Plan of
Oregon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Marketing Coordinator Large Gr

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 10224-P35844

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary Beth Chapa

Mailing Address 266 Tony Ln

City

Green Bay

State

WI

Zip Code

54303-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mortenson, Matzelle & Mel-
drum, Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36185

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Russell B. Childers

Mailing Address 402 Rawley Rd

City

Americus

State

GA

Zip Code

31719-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers, CLU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

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

Transaction ID: 10134

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 158

(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 B. Childers

Mailing Address 402 Rawley Rd

City

Americus

State

GA

Zip Code

31719-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers, CLU

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

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

Transaction ID: 10227-P36652

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Keli Childs-Crisler

Mailing Address 16215 Gollihar Rd

City

Peyton

State

CO

Zip Code

80831-9448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Cost 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36301

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jonathan S. Clark

Mailing Address 545 E 4500 S Ste E250

City

Salt Lake City

State

UT

Zip Code

84107-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Benefit Planners
Insurance Se

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35636

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 158

(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)

Nalani Clement

Mailing Address 1875 E Stallion Cir

City

Wasilla

State

AK

Zip Code

99654-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hagen Insurance

Occupation

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36192

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Frederick W. Coan

Mailing Address 103 E Prospect St

City

Stoughton

State

WI

Zip Code

53589-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Benefits

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36306

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard P. Coburn

Mailing Address 19 Minor Ct

City

San Rafael

State

CA

Zip Code

94903-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Word and Brown Companies

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35663

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 158

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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)

Dorothy M. Cociu

Mailing Address PO Box 1941

City

Big Bear Lake

State

CA

Zip Code

92315-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Benefit Consult-
ing & Insuran

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P36051

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Maggie Coley

Mailing Address 5859 Abercorn St

City

Savannah

State

GA

Zip Code

31405-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Benefit Solutions,
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 7 / 2 3 / 2 0 1 0

Transaction ID: 10227-P36354

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

George Scott Condos

Mailing Address 8860 S Tenaya Way

City

Las Vegas

State

NV

Zip Code

89113-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Insurance Agency

Occupation
Charter Senior Financial Plann

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36530

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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)

Teresa Conto

Mailing Address 145 Polaris Dr

City

Walkersville

State

MD

Zip Code

21793-9123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Benefit

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36368

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Troy J. Cook

Mailing Address 6600 Westown Pkwy # 250

City

West Des Moines

State

IA

Zip Code

50266-7724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krist Insurance Services

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36346

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Bob Copeland

Mailing Address 700 Larkspur Landing Circle, Suite

City

Larkspur

State

CA

Zip Code

94939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copeland Insurance Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

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

Transaction ID: 10224-P35644

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 158

(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)

Mike Coppess

Mailing Address 5001 Western Ave

City

Omaha

State

NE

Zip Code

68132-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aflac

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36251

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Steven G. Cosby

Mailing Address 27 W Boscawen St

City

Winchester

State

VA

Zip Code

22601-4740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cosby Insurance Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

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

Transaction ID: 10224-P35585

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carrie Cox

Mailing Address 3621 Eastman Dr

City

Oklahoma City

State

OK

Zip Code

73112-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oden Roberts Rohman Insurance

Occupation
Group Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36681

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 158

(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)

Valerie Cramer

Mailing Address 2664 Hedwidge Dr

City

Traverse City

State

MI

Zip Code

49684-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Priority Health

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36134

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Reed Damron

Mailing Address 4642 Riveredge Dr

City

Duluth

State

GA

Zip Code

30096-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
HIRE Benefits, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36147

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Greg Dattilo

Mailing Address 1711 Lake Dr W

City

Chanhassen

State

MN

Zip Code

55317-8580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dattilo Consulting, 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 7 / 1 4 / 2 0 1 0

Transaction ID: 10136

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

595.00

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 31 / 158

(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)

Jennifer Davault

Mailing Address 1001 E Southeast Loop 323 Ste 350

City

Tyler

State

TX

Zip Code

75701-9056

FEC ID number of contributing
federal political committee.

C

Name of Employer
FD&S Insurance Agency

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 7 / 2 3 / 2 0 1 0

Transaction ID: 10227-P36421

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John A Davidson

Mailing Address 25 Rolling Oaks Dr Ste 110

City

Thousand Oaks

State

CA

Zip Code

91361-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davidson Insurance & financial Service

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 10225-P36175

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sandra H. Davis

Mailing Address PO Box 243

City

Watson

State

LA

Zip Code

70786-0243

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Office 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 7 / 2 3 / 2 0 1 0

Transaction ID: 10227-P36641

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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 32 / 158

(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)

Johnny Lee Dawkins

Mailing Address PO Box 53809

City

Fayetteville

State

NC

Zip Code

28305-3809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36155

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael P. Deagle

Mailing Address 415 Charles St

City

Geneva

State

IL

Zip Code

60134-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deagle Benefit Group, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 10137

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Teresa F DeBruin

Mailing Address 5441 Edgerton Dr

City

Norcross

State

GA

Zip Code

30092-2185

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36320

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 158

(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)

Nathan Dee

Mailing Address 11468 Parkersburg Ave

City

Las Vegas

State

NV

Zip Code

89138-6090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Benefits, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: 10224-P36074

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Scott A Delisi

Mailing Address 920 Starview Ln

City

Lincoln

State

NE

Zip Code

68512-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ameritas Life Insurance
Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36509

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephanie Denz

Mailing Address 1808 Hickory Trace Dr

City

Orange Park

State

FL

Zip Code

32003-8387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc.

Occupation
Senior Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36510

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

91.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 158

(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)

Marie G. DeWolf

Mailing Address 2028 Blue Mesa Ct

City

Loveland

State

CO

Zip Code

80538-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeWolf Insurance, 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36294

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Rush David Dixon

Mailing Address 1375 Piccard Dr

City

Rockville

State

MD

Zip Code

20850-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and Schilli-
ng

Occupation
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1315.00

Date of Receipt

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

Transaction ID: 10224-P35693

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Theresa M. Dodds

Mailing Address 4748 Winged Foot Way

City

Columbus

State

GA

Zip Code

31909-8009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dodds & Comany

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: 10227-P36669

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$80.00 Monthly)

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 35 / 158

(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)

Cynthia H. Doucet

Mailing Address 206 Bon Mange Cir

City

Lafayette

State

LA

Zip Code

70506-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resource-
s, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36511

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joseph F. Dowd

Mailing Address 106 S Princeton Ave

City

Wenonah

State

NJ

Zip Code

08090-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kistler-Tiffany Benefits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35998

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Betty R. Doyle

Mailing Address 3304 Cedar Valley Rd

City

Moore

State

OK

Zip Code

73170-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doyle Insurance Source

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36632

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 158

(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)

Ken Doyle

Mailing Address 1045 Calle Pecos

City

Thousand Oaks

State

CA

Zip Code

91360-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36295

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dana Drake

Mailing Address 706 N 19th St

City

Coeur D Alene

State

ID

Zip Code

83814-5549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schedler Mack Insurance,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36633

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Tonya D. Draughon

Mailing Address 19252 SW 3rd Ct

City

Pembroke Pines

State

FL

Zip Code

33029-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renaissance Family of Com-
panies

Occupation
Market Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35593

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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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)

Keith M. Duhon

Mailing Address 208 Essex St

City

Lafayette

State

LA

Zip Code

70506-6133

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36644

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tina Durand

Mailing Address 3105 Lawnview St

City

Corpus Christi

State

TX

Zip Code

78404-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heavin & Associates Insur-
anceOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36653

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

R. Michael Eberley

Mailing Address 3237 Mineral Springs Rd

City

Sterling

State

IL

Zip Code

61081-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
W.F. Sellers & Associates,
Ltd.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 10155

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1060.00

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 38 / 158

(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 201 Evans Rd Bldg 3 Ste 103A

City

Harahan

State

LA

Zip Code

70123-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates, In-
c.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

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

Transaction ID: 10224-P35572

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael A. Embry

Mailing Address 26240 Wacker Dr

City

New Baltimore

State

MI

Zip Code

48051-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Servic-
es, Inc.

Occupation
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

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

Transaction ID: 10225-P36298

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City

Aurora

State

OH

Zip Code

44202-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.M. Erlenbach, Inc.

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: 10227-P36646

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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 39 / 158

(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 G. Fagen

Mailing Address PO Box 19

City

Demotte

State

IN

Zip Code

46310-0019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Arts Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36209

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Nicole Fairbairn

Mailing Address 2113 Dakota Dr

City

Noblesville

State

IN

Zip Code

46062-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Insurance Concep-
ts, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36321

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dominick Fanuele

Mailing Address 118 Orton Rd

City

Caldwell

State

NJ

Zip Code

07006-8251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fanuele Financial Group
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 Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36322

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

290.00

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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(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)

Jennifer Liane Farrell

Mailing Address 6958 W Juniper Ave

City

Peoria

State

AZ

Zip Code

85382-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black, Gould & Associates

Occupation

Sr. Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35818

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jeanne A Filchok

Mailing Address 10471 Prouty Rd

City

Painesville

State

OH

Zip Code

44077-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Benefit Sol-
utions, LLC

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

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

Transaction ID: 10224-P36008

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey A. Flessner

Mailing Address 8833 Tamarac Way

City

Bloomington

State

IL

Zip Code

61705-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Planning Associat-
es, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P36045

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City

Albuquerque

State

NM

Zip Code

87120-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lovelace Health Plan

Occupation

Mgr., Sales/Retention Division

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 10133

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Wesley Foster

Mailing Address 411 Copper Cir

City

Argyle

State

TX

Zip Code

76226-7333

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMall

Occupation

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36228

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Brenda N. Franklin

Mailing Address 7915 N Hale Ave Ste D

City

Peoria

State

IL

Zip Code

61615-2088

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF HealthPlans

Occupation

Group Representative

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36426

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 158

(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 M Frazer

Mailing Address 1751 Wyngate Cir

City

Mount Pleasant

State

SC

Zip Code

29466-8016

FEC ID number of contributing
federal political committee.

C

Name of Employer
SeniorCareUSA, LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35978

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Patricia Freeman

Mailing Address 15206 John West Rd

City

Gonzales

State

LA

Zip Code

70737-7131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trish Freeman Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35549

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Linda K. Friedrich

Mailing Address 3011 Crown Pointe Rd

City

Lincoln

State

NE

Zip Code

68506-5168

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36642

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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)

Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City

Wichita Falls

State

TX

Zip Code

76301-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Partners

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: 10227-P36351

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joan A. Fusco

Mailing Address 595 Wood Ave

City

North Brunswick

State

NJ

Zip Code

08902-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Savoy Associates

Occupation
Director, Research & Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36657

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

William S. Gall

Mailing Address 26 Briarwood Ln

City

New Hartford

State

NY

Zip Code

13413-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Mutual Finan-
cial Network

Occupation
Financial Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: 10227-P36658

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Joan L. Galletta

Mailing Address 3342 Kori Rd

City

Jacksonville

State

FL

Zip Code

32257-8883

FEC ID number of contributing
federal political committee.

C

Name of Employer
JP Perry Insurance, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35608

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Hollie Gandy

Mailing Address 2920 Duniven Cir

City

Amarillo

State

TX

Zip Code

79109-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Solutions Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 10227-P36689

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

James S. Garbina

Mailing Address 16510 Summit Dr

City

Omaha

State

NE

Zip Code

68136-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry A. Koch Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36673

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Joy K. Gardner

Mailing Address 10605 Sterling Ridge Way

City

Reno

State

NV

Zip Code

89521-5199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comstock Insurance Agenci-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 10227-P36674

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

G. Russell Garner

Mailing Address 1308 Murraywood Dr

City

Columbia

State

SC

Zip Code

29212-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35819

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles T. Gartlan

Mailing Address 19 Tarworth Ter

City

Manchester

State

NJ

Zip Code

08759-6671

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson, Reid & Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 10225-P36231

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Michele Gasparre

Mailing Address 8 Hanks Lane

City

Brenster

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michaels & Associates

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36208

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City

Phoenix

State

AZ

Zip Code

85021-7257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Insurance Brokers,
Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36287

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Julie Reno George

Mailing Address 1691 Westbrook Plaza Dr

City

Winston Salem

State

NC

Zip Code

27103-2993

FEC ID number of contributing
federal political committee.

C

Name of Employer
JBA Benefits, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: 10224-P35625

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

375.00

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)

Charles J. Giardina

Mailing Address 41 Seven Oaks Rd

City

Marrero

State

LA

Zip Code

70072-5059

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetLife

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36636

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James David Gibson

Mailing Address 93 Hollenbeck Rd

City

Irmo

State

SC

Zip Code

29063-8076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gibson & Associates, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 10224-P35639

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael Gibson

Mailing Address 308 Beulah Ln

City

Irmo

State

SC

Zip Code

29063-9573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gibson & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P36011

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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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)

Richard R Girdler

Mailing Address 400 Sims Ln

City

Franklin

State

TN

Zip Code

37069-1890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cowan Benefit Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

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

Transaction ID: 10224-P36046

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City

Ridgefield Park

State

NJ

Zip Code

07660-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Employee Benefits Adv-
isors Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 10224-P35823

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael A. Gomes

Mailing Address 4851 Lyndon B Johnson Fwy Ste 1100

City

Dallas

State

TX

Zip Code

75244-6025

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMall, Inc.

Occupation
EVP - Marketing Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 10131

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1145.00

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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☒ 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)

Arnolds Andra Grava

Mailing Address 1008 Ashby Dr

City

Allen

State

TX

Zip Code

75002-4790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Central-Dallas Agen-
cy

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 10163

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City

Lincoln

State

NE

Zip Code

68506-7519

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Harry A. Koch Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

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

Transaction ID: 10227-P36650

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

J. J. R Green

Mailing Address 2121 N Webb Rd

City

Grand Island

State

NE

Zip Code

68803-1751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primark, 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36201

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

525.00

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)

Pamela Gregory

Mailing Address 111 Park Ln

City

Ridgeland

State

MS

Zip Code

39157-9763

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bottrell Insurance Ag-
ency, 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 7 / 1 4 / 2 0 1 0

Transaction ID: 10135

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Patricia A Griffey

Mailing Address 56294 Primrose Cir

City

Elkhart

State

IN

Zip Code

46516-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Page 1 Benefits, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35822

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

J.B. Gross

Mailing Address 331 Clear Lake Ln

City

Weatherford

State

TX

Zip Code

76087-9173

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. B. Gross Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: 10224-P35984

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

535.00

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 / 158

(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)

Lorelei A. Gross

Mailing Address 331 Clear Lake Ln

City

Weatherford

State

TX

Zip Code

76087-9173

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. B. Gross Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: 10224-P35985

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert A Grundman

Mailing Address 7412 Karl Dr

City

Lincoln

State

NE

Zip Code

68516-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: 10227-P36619

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Craig Gussin

Mailing Address 843 Summersong Ct

City

Encinitas

State

CA

Zip Code

92024-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auerbach & Gussin Insurance and Finan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 10224-P35725

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 158

(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)

Antonio Gutierrez

Mailing Address 12833 Riverdance Dr

City

Raleigh

State

NC

Zip Code

27613-7093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Benefit Solu-
tions, Inc.

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 10224-P36018

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Teresa Gutierrez

Mailing Address 12833 Riverdance Dr

City

Raleigh

State

NC

Zip Code

27613-7093

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBS/White Bear Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 10224-P36020

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dwight A. Hall

Mailing Address 6107 Hazelwood Ave

City

Indianapolis

State

IN

Zip Code

46228-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Insurance Markete-
rs of America

Occupation
Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35826

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 158

(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 Haraway

Mailing Address 11325 Country Club Rd

City

New Market

State

MD

Zip Code

21774-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer
DentaQuest

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36237

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Myrna S. Harris

Mailing Address 3 Lawson Ln

City

Asheville

State

NC

Zip Code

28806-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crescent Preferred Provid-
er Organizat

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36289

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City

Fayetteville

State

NC

Zip Code

28303-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3280.00

Date of Receipt

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

Transaction ID: 10225-P36232

Amount of Each Receipt this Period

820.00

Payroll Deduction

(\$410.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

940.00

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 / 158

(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 S. Harrison

Mailing Address 724 S 9th St

City

Las Vegas

State

NV

Zip Code

89101-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Insurance Agency

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

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

Transaction ID: 10225-P36173

Amount of Each Receipt this Period

60.84

Payroll Deduction

(\$30.42 Monthly)

B.

Full Name (Last, First, Middle Initial)

Gerald G Hartman

Mailing Address 3822 Gemini Cir

City

Boise

State

ID

Zip Code

83709-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network America
Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10224-P35828

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sheila H Hartman

Mailing Address 20315 Howard Ct

City

Woodland Hills

State

CA

Zip Code

91364-5668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Independence Co-
mpany

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10224-P35829

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

280.84

TOTAL This Period (last page this line 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 / 158

(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)

Matthew F. Hatfield

Mailing Address 2207 Springfield Ave

City

Fort Wayne

State

IN

Zip Code

46805-1541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 10225-P36290

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lori Headley

Mailing Address PO Box 14725

City

Portland

State

OR

Zip Code

97293-0725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthwise Insurance Plan-
ning

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36181

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Hedy S Hebert

Mailing Address 4816 Woodberry Ln

City

Benton

State

LA

Zip Code

71006-9361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Consulting 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
0 7 / 2 2 / 2 0 1 0

Transaction ID: 10224-P36028

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 158

(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)

Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City

Broken Arrow

State

OK

Zip Code

74012-5995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 10227-P36432

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas L. Henry

Mailing Address 19310 Sonoma Hwy Ste A

City

Sonoma

State

CA

Zip Code

95476-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RealCare Insurance Market-
ing, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36157

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

William Hepscher

Mailing Address 5406 Gall Blvd

City

Zephyrhills

State

FL

Zip Code

33542-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Canadian Drugstore

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 10224-P36115

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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 57 / 158

(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 Hicks

Mailing Address 3620 Mountainside Dr

City

Colorado Springs

State

CO

Zip Code

80918-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks Benefit Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35833

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Timothy K Hicks

Mailing Address 2314 Garrison Place Rd

City

Midlothian

State

VA

Zip Code

23112-4045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Access Dental

Occupation
Sr. 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36234

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joshua Hilgers

Mailing Address 1747 Reese St

City

Homewood

State

AL

Zip Code

35209-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Benefits Consu-
lting

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36334

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 158

(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 L Hill

Mailing Address 4435 O St

City

Lincoln

State

NE

Zip Code

68510-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

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

Transaction ID: 10227-P36388

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John H. Hinck

Mailing Address 3160 Ridge Dr

City

Toano

State

VA

Zip Code

23168-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centaurus Financial, Inc.

Occupation
Registered Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35989

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

James H Hissong

Mailing Address 8401 Widmer Rd

City

Lenexa

State

KS

Zip Code

66215-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jim Hissong Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36508

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 158

(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)

Angela Hogan

Mailing Address 1233 Lincoln Mall Ste 100

City

Lincoln

State

NE

Zip Code

68508-2876

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross BlueShield of
Nebraska

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36404

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Matthew B. Holcomb

Mailing Address 712 Hill St SE

City

Atlanta

State

GA

Zip Code

30315-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holcomb Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P36034

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert V. Holland

Mailing Address PO Box 698

City

Centralia

State

WA

Zip Code

98531-0698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centralia General Agencies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36397

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 158

(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)

Jay Holloway

Mailing Address 3060 Alpine Rd

City

Columbia

State

SC

Zip Code

29223-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueChoice HealthPlan

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36186

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dean E. Holmes

Mailing Address 12252 Beestone Ln

City

Raleigh

State

NC

Zip Code

27614-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Services Group,
LLC

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36236

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Al Hombroek

Mailing Address 30 Lumpkin St Ste D

City

Lawrenceville

State

GA

Zip Code

30045-8410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multiple Benefits Corpora-
tion

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: 10225-P36168

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 158

(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)

Gloria Denise Hopper

Mailing Address 613 Sunnybrook Dr

City

Monroe

State

NC

Zip Code

28110-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Citizens Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 10227-P36622

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kymberly J. Hopwood

Mailing Address 1955 Las Colinas Dr

City

Brentwood

State

CA

Zip Code

94513-6601

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 ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35991

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Barbara Hostettler

Mailing Address 2094 Weeping Willow Ln

City

Mount Joy

State

PA

Zip Code

17552-8849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hostettler Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 10224-P35686

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 158

(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)

Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City

Detroit

State

MI

Zip Code

48202-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Alliance Plan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: 10225-P36138

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lisa Hughes

Mailing Address 549 Patton Ave

City

San Jose

State

CA

Zip Code

95128-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

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

Transaction ID: 10138

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Connie R. Humbert

Mailing Address 7613 Melody Dr

City

Rohnert Park

State

CA

Zip Code

94928-5435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seniors First

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36177

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 158

(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 L Hunt

Mailing Address 110 Mallard Ln

City

Madison

State

MS

Zip Code

39110-8799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunt Insurance Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 10227-P36624

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lisa L. Ills

Mailing Address 2401 E Mercer Ln

City

Phoenix

State

AZ

Zip Code

85028-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Benefit Strategies

Occupation
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35726

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jerry D. Jackson

Mailing Address 1017 N Maplewood Ave

City

Peoria

State

IL

Zip Code

61606-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Financial Services

Occupation
General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36292

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 158

(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)

Leah-Anne Janway

Mailing Address 2225 SW 96th St

City

Oklahoma City

State

OK

Zip Code

73159-6861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berryhill Insurance Agenc-
y, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36638

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City

Marion

State

MA

Zip Code

02738-1294

FEC ID number of contributing
federal political committee.

C

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

Occupation

Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

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

Transaction ID: 10225-P36238

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

R. Allan Jensen

Mailing Address 6060 S Kenton Way

City

Englewood

State

CO

Zip Code

80111-5728

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36531

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 65 / 158

(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 S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
David S. Johnson InsuranceOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

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

Transaction ID: 10224-P35994

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Judy Anne Johnson

Mailing Address 6245 E Broadway Blvd Ste 600

City

Tucson

State

AZ

Zip Code

85711-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthcareOccupation
Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 10224-P35697

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sandra Johnson

Mailing Address 15707 Deer Crst

City

San Antonio

State

TX

Zip Code

78248-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hairston, Johnson & Associates, PLLCOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P36014

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 158

(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)

Brent G. Jones

Mailing Address 932 Sonoma Way

City

Sacramento

State

CA

Zip Code

95819-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrity Administrators,
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35613

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Roger B. Jorgensen

Mailing Address 8220 Commonwealth Dr Ste 204

City

Eden Prairie

State

MN

Zip Code

55344-5387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alliance Benefit Group

Occupation
Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35825

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles Jurkus

Mailing Address 823 Commerce Dr Ste 350

City

Oak Brook

State

IL

Zip Code

60523-8855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Risk Mgm-
t. Services

Occupation
Sales 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36166

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 158

(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)

Lawrence Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: 10227-P36634

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

T. Darlene Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: 10227-P36635

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kristine Kassel

Mailing Address 1937 E Greentree Dr

City

Tempe

State

AZ

Zip Code

85284-3481

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 ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36225

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 158

(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)

Jonathan E. Katz

Mailing Address 1404 Northpoint Glen Ct

City

Herndon

State

VA

Zip Code

20170-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Medical Plans

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35567

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michele D. Katz

Mailing Address 4905 Louise St

City

Skokie

State

IL

Zip Code

60077-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
L & M Insurance Services,
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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36293

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

George R Keeling

Mailing Address 1875 N Highway 385

City

Levelland

State

TX

Zip Code

79336-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer
George R. Keeling Insurance
Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36628

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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)

Dianne M. Kelley

Mailing Address 7320 N La Cholla Blvd

City

Tucson

State

AZ

Zip Code

85741-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandbrook Business Benefi-
ts 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 7 / 2 3 / 2 0 1 0

Transaction ID: 10227-P36690

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tamara P Kennedy

Mailing Address 9414 E Sera Brisa

City

Scottsdale

State

AZ

Zip Code

85255-6054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35635

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dierdre Kennedy-Simington

Mailing Address 1748 Meadowbrook Rd

City

Altadena

State

CA

Zip Code

91001-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Polenzani Benefits & Insu-
rance Servic

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35959

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 70 / 158

(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)

Carolyn J. King

Mailing Address 6 Country Ln

City

Sussex

State

NJ

Zip Code

07461-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Financial

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35977

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City

Yakima

State

WA

Zip Code

98908-2382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conover Insurance, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

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

Transaction ID: 10224-P35802

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kelly Kistler

Mailing Address 6565 26th St N

City

Saint Petersburg

State

FL

Zip Code

33702-5631

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Service Administrat-
ors, Inc.

Occupation
Employee Benefits Sales & Mark

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36302

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 158

(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 Rose Koehler

Mailing Address 516 Shelley St

City

Livermore

State

CA

Zip Code

94550-2368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Herzog Insurance Agency

Occupation

Health Insurance Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 10227-P36610

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eric Kohlsdorf

Mailing Address 3703 SW 28th Pl

City

Des Moines

State

IA

Zip Code

50321-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prisma, LLC

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 7 / 1 5 / 2 0 1 0

Transaction ID: 10166

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Susanne Kolterman

Mailing Address PO Box 426

City

Seward

State

NE

Zip Code

68434-0426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kolterman Agency, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36691

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

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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)

Ross W. Kraft

Mailing Address 21 Jordan Rd

City

New Hartford

State

NY

Zip Code

13413-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Group of New Yor-
k, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

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

Transaction ID: 10224-P35804

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary B. Kramer

Mailing Address 2120 Nelsons Creek Dr

City

Omaha

State

NE

Zip Code

68116-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associa-
tes, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: 10128

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mary B. Kramer

Mailing Address 2120 Nelsons Creek Dr

City

Omaha

State

NE

Zip Code

68116-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associa-
tes, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: 10227-P36496

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.42

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 73 / 158

(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 E. Krueger

Mailing Address 5753 Housman Ave

City

Pueblo

State

CO

Zip Code

81004-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beta Health Association,
Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36598

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Daniel C LaBroad

Mailing Address 710 Farmers Market Way

City

Dallas

State

TX

Zip Code

75201-8451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ovation Health & Life Ser-
vices, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35950

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert A. Lackey

Mailing Address 3540 Breeze Knoll Dr

City

Youngstown

State

OH

Zip Code

44505-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Place Insurance Age-
ncy

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36278

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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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)

Julian E. Lago

Mailing Address 8104 Bautista Way

City

Palm Beach Gardens

State

FL

Zip Code

33418-8178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plastridge Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 10224-P35968

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary Landen

Mailing Address 517 White Ash Ct

City

Windsor

State

CA

Zip Code

95492-8199

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36612

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David Lansing

Mailing Address 425 2nd St SE Ste 1150

City

Cedar Rapids

State

IA

Zip Code

52401-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Solutions, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35599

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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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)

Andrew M. LaRocco

Mailing Address 16 Dartmouth Ave

City

Avondale Estates

State

GA

Zip Code

30002-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
The LaRocco Companies

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 10225-P36296

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James A. Lawless

Mailing Address 435 Kingswood

City

Lexington

State

KY

Zip Code

40502-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawless Insurance Agency

Occupation
Owner/Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35805

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Amy L. Layman

Mailing Address 2232 Page Rd

City

Durham

State

NC

Zip Code

27703-8921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Dearborn Life

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36407

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

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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)

William H. Lee

Mailing Address 1 Galleria Blvd Fl 10 Ste 1000

City

Metairie

State

LA

Zip Code

70001-2082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana

Occupation

Direct Sales 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36241

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Karen B. Leonard

Mailing Address 8 Shakespeare Rd

City

Hackettstown

State

NJ

Zip Code

07840-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard Financial Group,
LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36328

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Brian W. Liechty

Mailing Address 120 E Washington St

City

Plymouth

State

IN

Zip Code

46563-1744

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36199

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

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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(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)

Charles N. Lineberger

Mailing Address 2927 Berwick Ln

City

Gastonia

State

NC

Zip Code

28054-6055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Partners, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36497

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Larry Link

Mailing Address 6901 Ravine Cir

City

Worthington

State

OH

Zip Code

43085-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer
InsuranceLink Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35856

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Karen Knippen Loeb

Mailing Address 234 Spring Lake Dr

City

Itasca

State

IL

Zip Code

60143-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Euclid Managers, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 0

Transaction ID: 10194

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
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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)

Juan R. Lopez

Mailing Address 27 Banstead

City

Trabuco Canyon

State

CA

Zip Code

92679-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35954

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Scott Lopez

Mailing Address 717 Lucerne Dr

City

New Iberia

State

LA

Zip Code

70563-8979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Resource Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 10224-P36118

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sallie Loughlin

Mailing Address 312 E Main St

City

Salisbury

State

MD

Zip Code

21801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avery Hall Benefit Solutions, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36428

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 158

(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)

Douglas Lubenow

Mailing Address 3 Fulton Dr

City

Mount Laurel

State

NJ

Zip Code

08054-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lubenow Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 10227-P36434

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City

New York

State

NY

Zip Code

10017-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medical Link, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

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

Transaction ID: 10224-P35719

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard S. Manin

Mailing Address 33 Manchester St

City

Galloway

State

NJ

Zip Code

08205-3678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard S. Manin Insurance

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35858

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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 80 / 158

(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)

Deborah S. Martin

Mailing Address 16236 County Road 4197

City

Lindale

State

TX

Zip Code

75771-6343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Feliciano 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36227

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kimberly C. Martin

Mailing Address 6 Rasada Dr

City

Weaverville

State

NC

Zip Code

28787-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 10227-P36498

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Phyllis Martinsen

Mailing Address 8331 W Cory Ct

City

Boise

State

ID

Zip Code

83704-5725

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 ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36272

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

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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)

Matthew L. Masone

Mailing Address 367 Sheffield Rd

City

Severna Park

State

MD

Zip Code

21146-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Financial Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

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

Transaction ID: 10225-P36275

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$45.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Carol Matznick

Mailing Address 3207 Cottingham Ct

City

Greensboro

State

NC

Zip Code

27410-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina AHU

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36606

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City

Greensboro

State

NC

Zip Code

27410-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35956

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Barbara A. McClaskey

Mailing Address 10804 Granite Drive

City

Redding

State

CA

Zip Code

96001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barbara A. McClaskey 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 7 / 2 2 / 2 0 1 0

Transaction ID: 10224-P36010

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John R. McConnaughey

Mailing Address 6312 Anthony Dr

City

Liberty Twp

State

OH

Zip Code

45011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency, Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35975

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City

South Jordan

State

UT

Zip Code

84095-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10224-P35809

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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)

Joan P. McEntyre

Mailing Address 8360 W Sahara Ave

City

Las Vegas

State

NV

Zip Code

89117-8944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orgill/Singer & Associates

Occupation

Group Benefits Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36499

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City

Lincoln

State

NE

Zip Code

68507-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Les McGerr & Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35698

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenEx Insurance Agency

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 10201

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
☐ 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 Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenEx Insurance Agency

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: 10227-P36583

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ward McKalson

Mailing Address 22365 Ferdinand Ct

City

Salinas

State

CA

Zip Code

93908-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Central Coast Insurance Servi

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 10224-P35946

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Victor C. McKnight

Mailing Address 502 Tunney Pl

City

Santa Rosa

State

CA

Zip Code

95403-7764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sitzmann Morris & Lavis, 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36276

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City

Spokane

State

WA

Zip Code

99202-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western States Jones & Mitchell

Occupation

Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 10224-P35590

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eloise Meardith

Mailing Address 2347 Sumac Dr

City

Augusta

State

GA

Zip Code

30906-5503

FEC ID number of contributing
federal political committee.

C

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

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36283

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David W. Meister

Mailing Address 5203 N. Alhu Ct

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Managed Benefits 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
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36297

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 158

(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 F. Mobley

Mailing Address 459 Pimlico Pl

City

Jackson

State

MS

Zip Code

39211-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobley Insurance Agency,
LLC

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36501

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Sandra V Mobley

Mailing Address 5454 I 55 N Ste B

City

Jackson

State

MS

Zip Code

39211-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandra Mobley Agency LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36356

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephanie Monette

Mailing Address 1510 Meadow Wood Ln

City

Reno

State

NV

Zip Code

89502-8503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Plans

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36427

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 158

(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)

Gary Monteith

Mailing Address 736 Johnson Ferry Rd

City

Marietta

State

GA

Zip Code

30068-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchasing Alliance Solutions, Inc.

Occupation

Broker Sales Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

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

Transaction ID: 10224-P35724

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David R. Moore

Mailing Address 605 Truitt Dr

City

Elon

State

NC

Zip Code

27244-9262

FEC ID number of contributing
federal political committee.

C

Name of Employer
David R. Moore, CLU & Associates

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36607

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Douglas F. Moore

Mailing Address 2651 Black Oak Ct

City

Wexford

State

PA

Zip Code

15090-7566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seubert & Associates, Inc.

Occupation

Principal & Director, Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36280

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

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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)

Wesley P. Moore

Mailing Address PO Box 604

City

Darlington

State

SC

Zip Code

29540-0604

FEC ID number of contributing
federal political committee.

C

Name of Employer
W P Moore Agency

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36422

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Leslie M. Muller

Mailing Address 9014 Maple Grove Dr

City

Summerville

State

SC

Zip Code

29485-8865

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group / Ovat-
ions

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36343

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alfred A. Mulliken

Mailing Address 8838 Camelot Dr

City

Chesterland

State

OH

Zip Code

44026-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Mulliken 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 Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36172

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

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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)

Glen W. Mulready

Mailing Address 2708 W 66th Pl

City

Tulsa

State

OK

Zip Code

74132-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Plan Strategies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 10224-P35628

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City

Upland

State

CA

Zip Code

91786-4793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray Musser & Assoc. Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35750

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joshua D. Nace

Mailing Address 936 N 34th St Ste 208

City

Seattle

State

WA

Zip Code

98103-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dental Health Services, Inc.

Occupation
Vice President Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36466

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

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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)

Katrina A. Nash

Mailing Address 6812 Rivergate Ln

City

Oklahoma City

State

OK

Zip Code

73132-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36618

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John J. Nelson

Mailing Address 32110 Agoura Rd

City

Westlake Village

State

CA

Zip Code

91361-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.50

Date of Receipt

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

Transaction ID: 10224-P35690

Amount of Each Receipt this Period

416.70

Payroll Deduction

(\$416.70 Monthly)

C.

Full Name (Last, First, Middle Initial)

B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City

Baton Rouge

State

LA

Zip Code

70806-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nolan Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 10227-P36615

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

476.70

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)

Michael A. Norris

Mailing Address PO Box 2052

City

Franklin

State

NC

Zip Code

28744-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wayah Agency, Inc.

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36506

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Pamela Nygaard

Mailing Address 1014 4th St W

City

Kirkland

State

WA

Zip Code

98033-5337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectera

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36507

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert Timothy Owen

Mailing Address PO Box 600555

City

Jacksonville

State

FL

Zip Code

32260-0555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owen & 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
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36195

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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)

Jeffrey Papenfus

Mailing Address 1740 Butterfly Ct

City

Thousand Oaks

State

CA

Zip Code

91320-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance

Occupation

Director of Sales

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: 10157

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City

Niantic

State

CT

Zip Code

06357-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Agency

Occupation

Principal

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

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

Transaction ID: 10227-P36586

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City

West Des Moines

State

IA

Zip Code

50265-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Gr-
oup, Inc.

Occupation

CEO/President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2575.00

Date of Receipt

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

Transaction ID: 10224-P35778

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1450.00

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 / 158

(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)

Lee Patton

Mailing Address 3105 True Pkwy, Apt 608

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Gr-
oup, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36483

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas H. Peacock

Mailing Address PO Box 61200

City

Columbia

State

SC

Zip Code

29260-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Insurance Group
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36179

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Pender

Mailing Address 1635 Mount McKinley Dr

City

Grayson

State

GA

Zip Code

30017-2980

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pender & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36572

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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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)

Ross W. Pendergraft

Mailing Address 16622 Calahan St

City

North Hills

State

CA

Zip Code

91343-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arroyo Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: 10224-P35923

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kenneth G. Penn

Mailing Address 218 North St

City

Portsmouth

State

VA

Zip Code

23704-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
ChamberSolutions

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35779

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patrick Pennefather

Mailing Address 959 Fisher Rd

City

Grosse Pointe

State

MI

Zip Code

48230-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kapnick Insurance Group

Occupation
General Agent Michigan

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36270

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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)

Carol C. Pennington

Mailing Address 4640 Woodbridge Dr

City

Kernersville

State

NC

Zip Code

27284-8850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennington Associates

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36197

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William H Pennington

Mailing Address 4640 Woodbridge Dr

City

Kernersville

State

NC

Zip Code

27284-8850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennington Associates Inc.

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36206

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David R. Perry

Mailing Address 2003 Charvais Dr

City

Lake Charles

State

LA

Zip Code

70601-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Perry Agency, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

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

Transaction ID: 10227-P36587

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 158

(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)

Jackie Audrey Peterson

Mailing Address 816 Calle Myriam

City

Sparks

State

NV

Zip Code

89436-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36601

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Paige W. Phillips

Mailing Address 1235 Highway 301

City

Calera

State

AL

Zip Code

35040-5591

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Partners, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36573

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joseph E. Pittman

Mailing Address 7430 Vinton St

City

Omaha

State

NE

Zip Code

68124-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Association Mana-
gement

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 10224-P35940

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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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)

Susan R. Pittman

Mailing Address 32418 51st Ave SW

City

Federal Way

State

WA

Zip Code

98023-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insure NW Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36410

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Angela Potts Bopp

Mailing Address 1205 Highway 2 Ste 202

City

Sandpoint

State

ID

Zip Code

83864-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Insurance Resource
Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36456

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alex Poulter

Mailing Address 9545 Woodland Dr

City

Lenexa

State

KS

Zip Code

66220-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthEdata

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35683

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

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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)

Jason A. Powers

Mailing Address 9545 Woodland Dr

City

Lenexa

State

KS

Zip Code

66220-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthEdata

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35550

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

D. Michael Pressley

Mailing Address 1075 Moran Rd

City

Franklin

State

TN

Zip Code

37069-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Insurance Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36592

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Janet Prewitt

Mailing Address 4200 E Skelly Dr Ste 680

City

Tulsa

State

OK

Zip Code

74135-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Guardian Life Insuran-
ce Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36142

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

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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)

Terri B. Pritchard

Mailing Address 1399 Ashleybrook Ln Ste 110

City

Winston Salem

State

NC

Zip Code

27103-2961

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBSI Holdings, 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 7 / 2 2 / 2 0 1 0

Transaction ID: 10224-P35598

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John G. Prue

Mailing Address 12713 S Edinburgh St

City

Olathe

State

KS

Zip Code

66062-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36487

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Colleen Pruitt

Mailing Address 5805 75th St

City

Lubbock

State

TX

Zip Code

79424-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
TACT Insurance Agency

Occupation
Agency Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36221

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

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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)

Connie Puett

Mailing Address 5160 N Eyrie Way

City

Boise

State

ID

Zip Code

83703-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer
PacificSource Health Plans

Occupation

Marketing & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 10224-P35783

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Rebecca L. Purdy

Mailing Address 8121 Desert Jewel Cir

City

Las Vegas

State

NV

Zip Code

89128-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Onyx Group

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36488

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kathy M. Rainwater

Mailing Address 3809 Silverwood Dr

City

Tyler

State

TX

Zip Code

75701-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Threlkeld & Company Insurance

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36593

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 158

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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)

Jeffrey A. Ranf

Mailing Address 2600 Denali St Ste 102

City

Anchorage

State

AK

Zip Code

99503-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wallace Group Services

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 10224-P35734

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

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

Transaction ID: 10167

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

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

Transaction ID: 10224-P35784

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

620.00

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)

Jon C Rauser

Mailing Address 949 Lamplighter Ln

City

Grafton

State

WI

Zip Code

53024-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rauser Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.00

Date of Receipt

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

Transaction ID: 10224-P35785

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kenneth L. Ray

Mailing Address 110 Beaver Bnd

City

Canton

State

MS

Zip Code

39046-9296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Sneed Hewes/Banco-
rpSouth Insu

Occupation
Director of Marketing - Life/H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 10224-P35786

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dennis J. Recker

Mailing Address 971 N Perry St

City

Ottawa

State

OH

Zip Code

45875-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fawcett, Lammon, Recker
& Associates

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36406

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

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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)

Jordan R Redman

Mailing Address 43 Daning Lights Lane

City

Athol

State

ID

Zip Code

83801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redman Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: 10227-P36359

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joni Robin Reents

Mailing Address 12433 Bellaire Dr

City

Thornton

State

CO

Zip Code

80241-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romer, Reents & Associate-
s, Inc.

Occupation
Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 10224-P35929

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patrick Reuszer

Mailing Address 312 Elm Sreet

City

Cincinnati

State

OH

Zip Code

45202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Employee Benfits

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36183

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

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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☒ 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)

Lois Kohler Rhoades

Mailing Address 352 Ridge Top Rd

City

Fleetwood

State

NC

Zip Code

28626-9281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks, Kohler & Associates

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: 10227-P36352

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

R Dane Rianhard

Mailing Address 1 N Charles St

City

Baltimore

State

MD

Zip Code

21201-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
FranklinMorris

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36336

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Russell Lee Rice

Mailing Address 8830 Buckskin Dr

City

Boerne

State

TX

Zip Code

78006-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer
AVESIS, Inc.

Occupation
Regional VP of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35931

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

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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)

Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchasing Alliance Solutions, Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

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

Transaction ID: 10225-P36250

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Gabriel Ricks

Mailing Address 1612 Marion St Ste 2

City

Columbia

State

SC

Zip Code

29201-2939

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
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36144

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan M. Rider

Mailing Address 45 Apple Tree Cir

City

Fishers

State

IN

Zip Code

46038-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gregory & Appel Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36595

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

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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☒ 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 E Rios-Carl

Mailing Address 6841 Pino Real Dr

City

El Paso

State

TX

Zip Code

79912-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodman Financial Group

Occupation

VP - Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36489

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John F. Rippinger

Mailing Address 1492 Burberry Ln

City

Schaumburg

State

IL

Zip Code

60173-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rippinger Financial Group,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36490

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael A. Rivera

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

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

Transaction ID: 10225-P36139

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Sharon L. Robbins

Mailing Address PO Box 530

City

Asheville

State

NC

Zip Code

28802-0530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Service of Ashe-
ville

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 10227-P36448

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City

Lincoln

State

NE

Zip Code

68506-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: 10144

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City

Lincoln

State

NE

Zip Code

68506-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: 10227-P36577

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

485.00

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 / 158

(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 D. Robinson

Mailing Address 739 E Jackson St

City

Martinsville

State

IN

Zip Code

46151-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Insurance Special-
ists

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35739

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 10227-P36597

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mark Rose

Mailing Address 1545 NE 76th St

City

Seattle

State

WA

Zip Code

98115-4373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baldwin Resource Group

Occupation

Vice President Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36271

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 158

(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)

Charles P. Rosen

Mailing Address 849 Somera Ct

City

Simi Valley

State

CA

Zip Code

93065-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
CPR Insurance & Financial
Services

Occupation

President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 10224-P35933

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eugene L. Rowe

Mailing Address 10430 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90024-4651

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36590

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City

Budd Lake

State

NJ

Zip Code

07828-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
es

Occupation

Director of Broker Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35789

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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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)

Jean Russell

Mailing Address 1A Spruce Hill Rd

City

Burlington

State

MA

Zip Code

01803-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitsMart

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35619

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mike Ryan

Mailing Address 7621 Madewood Ln

City

Plano

State

TX

Zip Code

75025-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
UniCare

Occupation
Director of Group Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 10160

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Kelly Sackett

Mailing Address 7839 Clydesdale Ave

City

Kalamazoo

State

MI

Zip Code

49009-5994

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36150

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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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)

Stephen J. Salamon

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landmark Insurance & Financial Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

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

Transaction ID: 10224-P35671

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City

Dacula

State

GA

Zip Code

30019-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer
E2E Benefits Services, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: 10224-P35795

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City

Marietta

State

GA

Zip Code

30064-2474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schiebel & Associates, LLC
dba Shopbe

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
0 7 / 2 2 / 2 0 1 0

Transaction ID: 10224-P35796

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 158

(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)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City

Winston Salem

State

NC

Zip Code

27103-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plans For Health, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

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

Transaction ID: 10153

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City

Winston Salem

State

NC

Zip Code

27103-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plans For Health, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

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

Transaction ID: 10225-P36254

Amount of Each Receipt this Period

340.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City

Eureka

State

MO

Zip Code

63025-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mengel, Surdyke, Murphy
and Finke

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: 10146

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

540.00

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
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Chad P. Schneider

Mailing Address 3700 N 1st Ave Apt 1103

City

Tucson

State

AZ

Zip Code

85719-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFLAC

Occupation

Broker Development Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 10186

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Chad P. Schneider

Mailing Address 3700 N 1st Ave Apt 1103

City

Tucson

State

AZ

Zip Code

85719-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFLAC

Occupation

Broker Development Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 10225-P36255

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John E. Schneider

Mailing Address 210 Garden Ave

City

Nashville

State

TN

Zip Code

37205-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36362

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Patricia A. Schrade

Mailing Address 4910 King Solomon Dr

City

Annandale

State

VA

Zip Code

22003-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Kamen Benefits, LLC

Occupation

Senior Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36264

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Denise Michelle Schroeder

Mailing Address 474 E Camino Rancho Cielo

City

Sahuarita

State

AZ

Zip Code

85629-8962

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifeWise Health Plans of
Arizona

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36135

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City

Silver Spring

State

MD

Zip Code

20901-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sors

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

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

Transaction ID: 10227-P36398

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 158

(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 D. Schulz

Mailing Address 7101 S 82nd St

City

Lincoln

State

NE

Zip Code

68516-6584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 10224-P35696

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

B. Kay Schweiger

Mailing Address 9401 Indian Creek Pkwy

City

Shawnee Mission

State

KS

Zip Code

66210-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trustmark

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36163

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Gregory J. Seifert

Mailing Address 3311 NE 115th St

City

Vancouver

State

WA

Zip Code

98686-3945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biggs Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36256

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

315.00

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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(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)

Ralph Steven Seiler

Mailing Address 948 Hawthorn Rd

City

Allentown

State

PA

Zip Code

18103-4678

FEC ID number of contributing
federal political committee.

C

Name of Employer
R. Steve Seiler Insurance,
LCC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35596

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Anita Seitz

Mailing Address 3950 Clay St

City

Denver

State

CO

Zip Code

80211-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
David A Marshall and Ass

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36303

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steven Selinsky

Mailing Address 28638 Oak Point Dr

City

Farmington Hills

State

MI

Zip Code

48331-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

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

Transaction ID: 10225-P36257

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

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)

Bruce J. Setlik

Mailing Address 17808 Harney St

City

Omaha

State

NE

Zip Code

68118-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36560

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Douglas W Sheffer

Mailing Address 110 International Way

City

Springfield

State

OR

Zip Code

97477-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
PacificSource Health Plans

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35575

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kenneth A. Sherlin

Mailing Address 8 1st St

City

Asheville

State

NC

Zip Code

28803-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keystone Financial & Bene-
fit Resources

Occupation
Marketing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36580

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

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(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 M. Sherrill

Mailing Address 2844 Regal Ln

City

Oviedo

State

FL

Zip Code

32765-7573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sherrill Insurance Broker-
age, Inc.

Occupation

Vice President/Life & LTC Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 10224-P35934

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey Sherrod

Mailing Address 3810 Holly Ridge Dr

City

Longview

State

TX

Zip Code

75605-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principal Life Insurance
Co.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35592

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kevin Shively

Mailing Address 6363 Oberlin Ct

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36164

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Thomas E. Shores

Mailing Address 8596 W Bolsa St

City

Boise

State

ID

Zip Code

83709-5196

FEC ID number of contributing
federal political committee.

C

Name of Employer
T.A. Shores Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: 10224-P35791

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eileen M. Shrem

Mailing Address 215 McCabe Ave Apt C1

City

Bradley Beach

State

NJ

Zip Code

07720-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Insurance Pla-
nner

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35792

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Bob G Shupe

Mailing Address 5904 Hitching Post Ln

City

Nashville

State

TN

Zip Code

37211-6934

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP, Inc

Occupation
President, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36269

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

231.00

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)

Robert C. Sichmeller

Mailing Address 4120 Sterlingview Dr

City

Moorpark

State

CA

Zip Code

93021-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sichmeller Insurance and
Financial So

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 10224-P35793

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael John Simmang

Mailing Address 143 E Austin St

City

Giddings

State

TX

Zip Code

78942-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of Texas

Occupation

Executive 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36258

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Desmond X. Slattery

Mailing Address 1800 State Route 34

City

Wall

State

NJ

Zip Code

07719-9168

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35699

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Deirdre Slattery Fallon

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762-0256

FEC ID number of contributing
federal political committee.

C

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35610

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Amy T. Smith

Mailing Address 109 Spring Valley Dr

City

Brandon

State

MS

Zip Code

39047-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Sneed Hewes/Banco-
rp South Ins.

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36259

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Frank J Smith

Mailing Address PO Box 1559

City

Wheaton

State

IL

Zip Code

60187-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Insurance Underw-
riters, Inc.

Occupation
Senior Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 1 0

Transaction ID: 10192

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Gregory S. Smith

Mailing Address 4017 W Hollow Trace Dr

City

Peoria

State

IL

Zip Code

61615-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Marketing Services
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 10224-P35891

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Julie Smith

Mailing Address 10490 Blockade Dr

City

Reno

State

NV

Zip Code

89521-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Julie Smith

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36561

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MD Sam Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City

Los Angeles

State

CA

Zip Code

90046-3284

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS/Smith-Benton

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35906

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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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)

Michael A. Smith

Mailing Address 2806 Castle Hayne Rd

City

Castle Hayne

State

NC

Zip Code

28429-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bluewater Insurance 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 Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36267

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Paul E. Smith

Mailing Address 169 Hawthorne Dr

City

Kensington

State

CT

Zip Code

06037-4074

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35908

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Teresa A. Smith

Mailing Address 2828 Lily St

City

Anchorage

State

AK

Zip Code

99508-4771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premera BlueCross BlueShield of Alaska

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36474

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 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)

Thomas E. Snell

Mailing Address 1201 Wilkins Dr

City

Sanford

State

NC

Zip Code

27330-7238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Edge of the Carol-
inas, Inc.

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35761

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Sherry Soileau

Mailing Address 6421 Perkins Rd Bldg A # 2B

City

Baton Rouge

State

LA

Zip Code

70808-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Besselman & Little Agency

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 10227-P36451

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

James Randall Southard

Mailing Address 7848 Nc Highway 68 N

City

Stokesdale

State

NC

Zip Code

27357-9326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wells Fargo Insurance Ser-
vices of NC

Occupation

Partner

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36260

Amount of Each Receipt this Period

130.00

Payroll Deduction

(\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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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)

Jim Spahr

Mailing Address 1457 Capri Ave

City

Petaluma

State

CA

Zip Code

94954-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackie & Jim Spahr Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10225-P36261

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Richard Blake Spell

Mailing Address 7873 Bufflehead Ct

City

Greensboro

State

NC

Zip Code

27455-8376

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Healthcare

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: 10224-P35909

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Anne P. Sperling

Mailing Address 25 Antigua Rd

City

Santa Fe

State

NM

Zip Code

87508-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniels Insurance, Inc.

Occupation
Employee Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 10224-P35910

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

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)
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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)

Jackie L. Spragins

Mailing Address 2009 Speedway Ave

City

Wichita Falls

State

TX

Zip Code

76301-6067

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36564

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Delvin L. Stahl

Mailing Address PO Box 388

City

Sutton

State

NE

Zip Code

68979-0388

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Plus, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: 10227-P36476

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kenneth J. Statz

Mailing Address PO Box 41068

City

Brecksville

State

OH

Zip Code

44141-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Statz & Associates

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

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

Transaction ID: 10224-P35752

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 158

(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 J Stein

Mailing Address 1164 Silver Beech Rd

City

Herndon

State

VA

Zip Code

20170-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation

VP Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36215

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 381 victoria drive

City

Bridgewater

State

NJ

Zip Code

12909

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial Services

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

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

Transaction ID: 10227-P36551

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
MVS Consulting

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

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

Transaction ID: 10227-P36552

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

315.00

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 128 / 158

(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 R. Stephens

Mailing Address 1607 Lower Union Hill Rd

City

Canton

State

GA

Zip Code

30115-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, IncOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36380

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ulrich S. Storz

Mailing Address 987 University Ave Ste 14

City

Los Gatos

State

CA

Zip Code

95032-7640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Storz Insurance Services,
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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36176

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rodney Stuart

Mailing Address 9755 Randall Dr

City

Indianapolis

State

IN

Zip Code

46280-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations, LLPOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36542

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

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 129 / 158

(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 L. Sugden

Mailing Address 628 Wild Ridge Cir

City

Lafayette

State

CO

Zip Code

80026-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Solution-
s, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 10227-P36554

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James F. Summers

Mailing Address 15316 Pine St

City

Omaha

State

NE

Zip Code

68144-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: 10227-P36555

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

William L. Sutherland

Mailing Address 19126 Kristen Way

City

San Antonio

State

TX

Zip Code

78258-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wortham Insurance & Risk
Management

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 10224-P35839

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

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 130 / 158

(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)

Ernie Sweat

Mailing Address 393 W Gordon Ave Ste 1

City

Layton

State

UT

Zip Code

84041-2391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fringe Benefit Analysts, Inc. dba Frin

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35919

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

F. Todd Taylor

Mailing Address 11 Millstone Rd

City

Richmond

State

VA

Zip Code

23228-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Society of Virginia Insurance

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

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

Transaction ID: 10224-P35894

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey C. Taylor

Mailing Address 905 Glen Hollow Dr

City

O Fallon

State

IL

Zip Code

62269-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bovinet Insurance Agency, Inc.

Occupation

Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 10161

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 131 / 158

(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)

Marsha Tellesbo

Mailing Address 22887 NE 127th Way

City

Redmond

State

WA

Zip Code

98053-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tellesbo & CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 10224-P35878

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Charles F Terry

Mailing Address 409 Madison St

City

Clarksville

State

TN

Zip Code

37040-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUNN INSURANCE, INC.Occupation
Senior 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 7 / 2 2 / 2 0 1 0

Transaction ID: 10224-P35676

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Harry P. Thal

Mailing Address PO Box 2137

City

Kernville

State

CA

Zip Code

93238-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry P. Thal Insurance
AgencyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 10162

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

490.00

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 132 / 158

(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)

Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City

South Jordan

State

UT

Zip Code

84095-4538

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36395

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Helen M. Todd

Mailing Address 54 Belle Meadow Ln

City

Little Rock

State

AR

Zip Code

72210-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36243

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dave Toeben

Mailing Address 1625 Division St

City

Waite Park

State

MN

Zip Code

56387-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insight Insurance ServicesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35576

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 158

(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)

Karen Cornelius Tokarz

Mailing Address 116 Gosling Dr

City

Franklin

State

TN

Zip Code

37064-5048

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 ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36244

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Daniel R. Tompkins

Mailing Address 7555 Brookstead Xing

City

Duluth

State

GA

Zip Code

30097-1953

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 ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36544

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Toups

Mailing Address 4521 Laurel St

City

New Orleans

State

LA

Zip Code

70115-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Insurance Group

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35880

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

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 134 / 158

(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)

Janet Trautwein

Mailing Address 7212 Redlac Dr

City

Clifton

State

VA

Zip Code

20124-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHUOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

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

Transaction ID: 10227-P36556

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

C. Louanne Trebing

Mailing Address 1806 Patton Dr

City

Garland

State

TX

Zip Code

75042-8205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trebing Insurance ServicesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 10227-P36557

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert C Tretter

Mailing Address 13016 Delmar St

City

Leawood

State

KS

Zip Code

66209-2383

FEC ID number of contributing
federal political committee.

C

Name of Employer
VP RegionalOccupation
Regional Mrkt. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 10225-P36263

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Monthly)

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 135 / 158

(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)

Terrie L Trevino

Mailing Address 672 S Tiburon Ave

City

Meridian

State

ID

Zip Code

83642-3590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Idaho

Occupation

Marketing Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35899

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Regan Michael Turner

Mailing Address 960 Poplar Ave

City

Boulder

State

CO

Zip Code

80304-0764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Financial Sp-
ecialists, I

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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36216

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Brian Urban

Mailing Address 11329 Kansas Cir

City

Omaha

State

NE

Zip Code

68164-1555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Resource Group,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35861

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 158

(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 R. Van Ahn

Mailing Address 821 17th St

City

West Des Moines

State

IA

Zip Code

50265-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Ahn Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35862

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Catherine Van Zant

Mailing Address 11916 W Highway 156

City

West Fork

State

AR

Zip Code

72774-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group

Occupation
Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36545

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Wendy Vanderwater

Mailing Address 515 W Southwest Loop 323

City

Tyler

State

TX

Zip Code

75701-9455

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 ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36203

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 158

(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 B. Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwind Health PartnersOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 10227-P36559

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David J. VerWoert

Mailing Address 421 4th Ave SE

City

Cedar Rapids

State

IA

Zip Code

52401-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
True NorthOccupation
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 7 / 2 0 / 2 0 1 0

Transaction ID: 10177

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Ellen Vickers

Mailing Address 921-C S McPherson Church Rd

City

Fayetteville

State

NC

Zip Code

28303-5368

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

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

Transaction ID: 10227-P36414

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

435.00

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 138 / 158

(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)

Mark R. Viehmann

Mailing Address 2616 Dawson Ridge Rd

City

La Grange

State

KY

Zip Code

40031-8228

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Insurance Services

Occupation

Employee Benefits Area Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 10164

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Charles G. Wagner

Mailing Address PO Box 9

City

Burwell

State

NE

Zip Code

68823-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Insurance
Agency, Inc.

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36465

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rand R. Wall

Mailing Address 1004 Sugardale Ct

City

Sugar Land

State

TX

Zip Code

77498-2760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lone Star Health Plans,
Ltd.

Occupation

Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 10227-P36546

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.00

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 139 / 158

(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)

Timothy P. Walsh

Mailing Address 701 Oyster Catcher Dr

City

Hampstead

State

NC

Zip Code

28443-8340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance SystemsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36567

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City

Arlington

State

VA

Zip Code

22201-2573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHUOccupation
VP, Policy and State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36441

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

M. Hughes Warren

Mailing Address 1109 Princeton Dr

City

Wilmington

State

NC

Zip Code

28403-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 10227-P36475

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 158

(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 C. Warner

Mailing Address 16110 39th PI N

City

Minneapolis

State

MN

Zip Code

55446-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner & 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36217

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John L. Warwick

Mailing Address PO Box 272

City

Chico

State

CA

Zip Code

95927-0272

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Warwick Insurance Se-
rvices

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35770

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mark A Waugh

Mailing Address 125 Powell Rd

City

Newport

State

NC

Zip Code

28570-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36535

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 158

(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)

Charles A Webb

Mailing Address 15 S Jefferson St

City

Roanoke

State

VA

Zip Code

24011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36188

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dan Webb

Mailing Address 5251 Office Park Dr

City

Bakersfield

State

CA

Zip Code

93309-0404

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 ▼

1400.00

Date of Receipt

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

Transaction ID: 10227-P36385

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jason Scott Weilage

Mailing Address 3800 Flowering Grove Ct

City

Louisville

State

KY

Zip Code

40241-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Brown

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36547

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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 142 / 158

(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)

Jennifer L. Wenke

Mailing Address 4703 SE 17th PI Apt 505

City

Cape Coral

State

FL

Zip Code

33904-8797

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
0 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36268

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Charles L. Westmoreland

Mailing Address PO Box 925

City

Jackson

State

MS

Zip Code

39205-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Public Life Insurance Company

Occupation

Director of Agency Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 10227-P36339

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert H. White

Mailing Address 218 W 6th St

City

Tulsa

State

OK

Zip Code

74119-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
CommunityCare HMO Plans of OK

Occupation

Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36415

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 158

(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)

Dale Whiteis

Mailing Address 7820 S Granite Ave

City

Tulsa

State

OK

Zip Code

74136-8456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whiteis Benefits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36454

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Trei Wild

Mailing Address 2745 Dallas Pkwy

City

Plano

State

TX

Zip Code

75093-8731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Employee Benefits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 10225-P36204

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

George Williams

Mailing Address 4109 Woodway Dr

City

Monroe

State

LA

Zip Code

71201-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Planning Resources

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36534

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 158

(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 R Williams

Mailing Address 302 S 36th St Ste 105

City

Omaha

State

NE

Zip Code

68131-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams Deras & Associates

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35603

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

W. Ray Williams

Mailing Address 114 W Gazebo Ln

City

Savannah

State

GA

Zip Code

31410-3949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashford Advisors, 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 7 / 2 9 / 2 0 1 0

Transaction ID: 10225-P36220

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Paula L Wilson

Mailing Address 31930 Daniel Way

City

Temecula

State

CA

Zip Code

92591-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paula Wilson, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10227-P36537

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 145 / 158

(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 L. Wilson

Mailing Address 808 Penny Ln

City

Lexington

State

KY

Zip Code

40509-1964

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 ▼

400.00

Date of Receipt

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

Transaction ID: 10225-P36247

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas R. Wilson

Mailing Address 1400 Amber Joy

City

Wichita Falls

State

TX

Zip Code

76310-9323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boley Featherston Insuran-
ce Agency

Occupation

Benefits Consulant/Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 10224-P36082

Amount of Each Receipt this Period

15.00

Payroll Deduction

(\$15.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Tammy Winn

Mailing Address 5940 Hartson

City

Kyle

State

TX

Zip Code

78640-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Insurance Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10227-P36538

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 146 / 158

(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)

DianaLou Wolff

Mailing Address 106 Main St

City

Kingston

State

NY

Zip Code

12401-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Counseling Associ-
ates

Occupation

Group & Health Benefit Special

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 10225-P36266

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Barbara Wright

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intrahealthsolutions, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

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

Transaction ID: 10224-P35967

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dennis E. Wright

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
IntraHealth Solutions, In-
c.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: 10224-P35775

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 147 / 158

(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)

Luann S. Yarberry

Mailing Address 4500 Bermuda Ln

City

Wichita Falls

State

TX

Zip Code

76308-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allred-Thompson-Mason-Dau-
gherty Ins.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 10224-P35866

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

41002.38

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 148 / 158

<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 Mailing Address PO Box 53852	Transaction ID: 10234 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072 Purpose of Disbursement CC Fees Candidate Name 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) ▼	Amount of Each Disbursement this Period <div>213.97</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement CC Fees Candidate Name 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) ▼	Transaction ID: 10235 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>4.95</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 6286 N College City Indianapolis State IN Zip Code 46220 Purpose of Disbursement CC Fees Candidate Name 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) ▼	Transaction ID: 10233 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>796.49</div> <div>001</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1015.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 158

<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)

Regions Bank

Mailing Address 6286 N College

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement
Banking Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10236

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2010

Amount of Each Disbursement this Period

313.58

SUBTOTAL of Disbursements This Page (optional)

313.58

TOTAL This Period (last page this line number only)

1328.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 150 / 158

<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)
CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Lunch 7.14Candidate Name
CHARLES DR. JR. BOUSTANYOffice Sought: ☒ House
☐ Senate
☐ President

State: LA District: 07

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 10120

Date of Disbursement

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

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR TOM PETRI

Mailing Address P.O. Box 270

City Fond du Lac State WI Zip Code 54936

Purpose of Disbursement
Reception 7.19Candidate Name
THOMAS PETRIOffice Sought: ☒ House
☐ Senate
☐ President

State: WI District: 06

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 10115

Date of Disbursement

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

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR TOM PETRI

Mailing Address P.O. Box 270

City Fond du Lac State WI Zip Code 54936

Purpose of Disbursement
ReceptionCandidate Name
THOMAS PETRIOffice Sought: ☒ House
☐ Senate
☐ President

State: WI District: 06

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 10221

Date of Disbursement

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

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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. COMMITTEE TO ELECT DON VOLARIC

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DON VOLARIC

Mailing Address 20836 HALL RD #119

City
CLINTON TWP

State
MI

Zip Code
48038

Purpose of Disbursement
Contribution

Candidate Name
DONALD CECIL VOLARIC

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 10083

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

2000.00

B. CORNILLES FOR CONGRESS

Full Name (Last, First, Middle Initial)

CORNILLES FOR CONGRESS

Mailing Address PO BOX 2272

City
TUALATIN

State
OR

Zip Code
97062

Purpose of Disbursement
Reception 7.14

Candidate Name
ROBERT CORNILLES

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 01

Transaction ID: 10116

Date of Disbursement

07 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

C. FRIENDS OF JOE PITTS

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City
Unionville

State
PA

Zip Code
19375

Purpose of Disbursement
Reception 7.15

Candidate Name
JOSEPH R. PITTS

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: 10118

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 152 / 158

<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)
GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Dinner 7.14Candidate Name
J. PHILLIP GINGREYOffice Sought: ☒ House
☐ Senate
☐ President

State: GA District: 11

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 10112

Date of Disbursement

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

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Mailing Address 4590 Macarthur Boulevard

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
Debt Reduction P2010Candidate Name
JOHN BT III CAMPBELLOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 48

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10180

Date of Disbursement

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

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Debt Reduction P2010

C. Full Name (Last, First, Middle Initial)
KAY GRANGER CAMPAIGN FUND

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Lunch 7.21Candidate Name
KAY GRANGEROffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 12

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 10122

Date of Disbursement

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

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 8060

City TYLER State TX Zip Code 75711

Purpose of Disbursement
Debt Reduction P2010

Candidate Name
LOUIE GOHMERT

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 10172

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

Debt Reduction P2010

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

Mailing Address P.O. Box 550

City Milford State OH Zip Code 45150

Purpose of Disbursement
Debt Reduction P2010

Candidate Name
ROBERT J PORTMAN

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 10173

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

Debt Reduction P2010

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

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Lunch 6.29

Candidate Name
THOMAS EDMUNDS PRICE

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 06

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 10084

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 154 / 158

☐ 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)

PROSPERITY PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Dinner 7.21

Candidate Name
PROSPERITY PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 10123

Date of Disbursement

M M / D D / Y Y Y Y
07 / 21 / 2010

Amount of Each Disbursement this Period

1500.00

011

Category/
Type

B.

Full Name (Last, First, Middle Initial)

RANDY HULTGREN FOR CONGRESS

Mailing Address P.O. BOX 39

City BATAVIA State IL Zip Code 60510

Purpose of Disbursement
Debt Reduction P2010

Candidate Name
RANDY HULTGREN

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 14

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10188

Date of Disbursement

M M / D D / Y Y Y Y
07 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

011

Category/
Type

Debt Reduction P2010

C.

Full Name (Last, First, Middle Initial)

RANDY HULTGREN FOR CONGRESS

Mailing Address P.O. BOX 39

City BATAVIA State IL Zip Code 60510

Purpose of Disbursement
Debt Reduction P2010

Candidate Name
RANDY HULTGREN

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 14

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10189

Date of Disbursement

M M / D D / Y Y Y Y
07 / 26 / 2010

Amount of Each Disbursement this Period

1500.00

011

Category/
Type

Debt Reduction P2010

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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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)

SCALISE FOR CONGRESS

Mailing Address PO Box 23219

City
JeffersonState
LAZip Code
70183Purpose of Disbursement
Breakfast 7.21Candidate Name
STEVE MR. SCALISEOffice Sought: ☒ House
☐ Senate
☐ President

State: LA District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 10171

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SENATE MAJORITY FUND

Mailing Address P.O. Box 32025

City
PhoenixState
AZZip Code
85064Purpose of Disbursement
Dinner 7.15Candidate Name
SENATE MAJORITY FUNDOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 10121

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

SNOWE FOR SENATE

Mailing Address PO BOX 2012

City
PORTLANDState
MEZip Code
04104Purpose of Disbursement
Event 7.21Candidate Name
OLYMPIA J SNOWEOffice Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 10124

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)
STEVE CHABOT FOR CONGRESS

Mailing Address 3030 HARRISON AVENUE

City CINCINNATI State OH Zip Code 45211

Purpose of Disbursement
Debt Reduction P2010Candidate Name
STEVE CHABOTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: 10182

Date of Disbursement

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

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Debt Reduction P2010

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

Mailing Address 3030 HARRISON AVENUE

City CINCINNATI State OH Zip Code 45211

Purpose of Disbursement
In District EventCandidate Name
STEVE CHABOTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: 10218

Date of Disbursement

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

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Debt Reduction P2010Candidate Name
STEVE E STIVERSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 10183

Date of Disbursement

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

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Debt Reduction P2010

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)
TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement
Debt Reduction P2010

Candidate Name
TIM MURPHY

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 18

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 10181

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

Debt Reduction P2010

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

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Debt Reduction P2010

Candidate Name
JACKIE (SWIHART) WALORSKI

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 10190

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

Debt Reduction P2010

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

22500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Dawkins for NC House

Mailing Address 122 Thorncliff Drive

City
Fayetteville

State
NC

Zip Code
28303

Purpose of Disbursement
Contribution

Candidate Name
Johnny Dawkins

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: 10117

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00