

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

Office Use Only

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

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

☐Check if different
than previously
reported. (ACC)

Washington

DC

20044

7135

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

07

31

2007

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

Type or Print Name of Treasurer

Jennifer Murphy, CPA

Signature of Treasurer

Electronically Filed by Jennifer Murphy, CPA

Date

08

17

2007

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		41981.92
(b) Cash on Hand at Beginning of Reporting Period	62055.96	
(c) Total Receipts (from Line 19)	30789.84	207088.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92845.80	249069.95
7. Total Disbursements (from Line 31)	18302.64	174526.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74543.16	74543.16
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22681.00	109519.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	8108.84	97557.03
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	30789.84	207076.03
(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) ➤	30789.84	207076.03
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	12.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30789.84	207088.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30789.84	207088.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	772.64	45797.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	772.64	45797.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	127000.00
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	30.00	1229.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	30.00	1229.00
29. Other Disbursements.....	0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18302.64	174526.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18302.64	174526.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30789.84	207076.03
34. Total Contribution Refunds (from Line 28(d))	30.00	1229.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30759.84	205847.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	772.64	45797.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	772.64	45785.79

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

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

FOR LINE NUMBER: PAGE 6 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Alberta Joan Priest

Mailing Address PO Box 3753

City

Albuquerque

State

NM

Zip Code

87190-3753

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMP Consultants Inc.

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 20607296

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CHARLES T GARTLAN

Mailing Address PO Box 1268

City

Toms River

State

NJ

Zip Code

08754-1268

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort LLC

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

902.00

Date of Receipt

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

Transaction ID: 20607297

Amount of Each Receipt this Period

520.00

Full Name (Last, First, Middle Initial)

C. Cynthia Downing

Mailing Address 4747 North First Street, Suite 140
C/O Professional Exchange Services

City

Fresno

State

CA

Zip Code

93726-0517

FEC ID number of contributing
federal political committee.

C

Name of Employer
California AHU

Occupation

President and CEO

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 / 0 2 / 2 0 0 7

Transaction ID: 20607300

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

985.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. John D. Joseph

Mailing Address 1408 East Rosehill Drive

City State Zip Code
 Arlington Heights IL 60004-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Workplace Division

Occupation
Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 20607305

Amount of Each Receipt this Period

265.00

Full Name (Last, First, Middle Initial)

B. Eva Jean Fomalont

Mailing Address 2500 Louisiana Blvd NE, Suite 300

City State Zip Code
 Albuquerque NM 87110-4372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta Dental Plans of NM

Occupation
Mgr., Sales/Retention Division

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 / 0 2 / 2 0 0 7

Transaction ID: 20607372

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Court

City State Zip Code
 Eureka MO 63025-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MSM&F

Occupation
Benefits Consultant

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 / 0 2 / 2 0 0 7

Transaction ID: 20607382

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Victoria Major-Bell

Mailing Address P O Box 540034

City

Lake Worth

State

FL

Zip Code

33454-0034

FEC ID number of contributing
federal political committee.

C

Name of Employer
VMB Solutions

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: 20607383

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven Selinsky

Mailing Address 28588 Northwestern Highway, Suite

City

Southfield

State

MI

Zip Code

48034-8335

FEC ID number of contributing
federal political committee.

C

Name of Employer
PPOM

Occupation

Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 20608610

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ryan Thorn

Mailing Address 10342 South Springcrest Lane

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

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

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

Transaction ID: 20608611

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 9 / 88

(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)

MEL A SCHLESINGER

Mailing Address PO Box 30100

City	State	Zip Code
Winston Salem	NC	27130-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rainmakers Group Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

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

Transaction ID: 20710890

Amount of Each Receipt this Period

100.00

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

HARRY P. THAL

Mailing Address PO Box 2137

City	State	Zip Code
Kernville	CA	93238-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry P. Thal Insurance
AgencyOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 20710989

Amount of Each Receipt this Period

365.00

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

ROSS W. PENDERGRAFT

Mailing Address P.O. Box 55248

City	State	Zip Code
Sherman Oaks	CA	91413-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arroyo Insurance Services
IncOccupation
Insurance 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	/	0	3	/	2	0	0	7

Transaction ID: 20710990

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 88

(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)

LARON D THOMPSON

Mailing Address 916 Main Street

City State Zip Code
Vancouver WA 98660-3136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biggs Insurance Services

Occupation
Employee Benefits

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 / 0 3 / 2 0 0 7

Transaction ID: 20710992

Amount of Each Receipt this Period

365.00

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

CHARLES S. GREEN

Mailing Address 9310 Bluffwind Chase

City State Zip Code
Roswell GA 30076

FEC ID number of contributing
federal political committee.

C

Name of Employer
BasicPlus Insurance Services LLC

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: 20710994

Amount of Each Receipt this Period

3000.00

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

JOE WILD

Mailing Address 5495 Belt Line Road, Suite 155

City State Zip Code
Dallas TX 75254-7643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Safeguard Health Plans

Occupation
Insurance 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 / 0 3 / 2 0 0 7

Transaction ID: 20710995

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4365.00

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 11 / 88

(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 M MCLAUGHLIN

Mailing Address 1205 Sherwood Forest Street

City State Zip Code
Houston TX 77043-4635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Core Benefit Services In-
c.

Occupation
Insurance 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 / 0 3 / 2 0 0 7

Transaction ID: 20710997

Amount of Each Receipt this Period

800.00

B. Full Name (Last, First, Middle Initial)
JASON BEYROUTY

Mailing Address 1011 Commercial St. NE Suite 135

City State Zip Code
Salem OR 97308-2045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Advisors LLC

Occupation
Insurance 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 / 0 3 / 2 0 0 7

Transaction ID: 20710998

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
JAMES HOLLOWAY

Mailing Address 200 Arbor Lake Drive, Suite 200
Mail Code AE-205

City State Zip Code
Columbia SC 29223-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Choice Health Plan
of SC

Occupation
Marketing Representative

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 / 0 3 / 2 0 0 7

Transaction ID: 20710999

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOHN P. MAY

Mailing Address 100 East Campus View Blvd, Suite 3

City State Zip Code
 Columbus OH 43235

FEC ID number of contributing federal political committee.

C

Name of Employer
May Insurance Services
Inc.Occupation
Insurance 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 / 0 3 / 2 0 0 7

Transaction ID: 20711001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CHARLES Wagner

Mailing Address PO Box 9

City State Zip Code
 Burwell NE 68823-0009

FEC ID number of contributing federal political committee.

C

Name of Employer
Town and Country Insurance
Agency IncOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 20711002

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. PATSY T. RYAN

Mailing Address 913 Ridgebrook Rd., # 100

City State Zip Code
 Sparks Glencoe MD 21152

FEC ID number of contributing federal political committee.

C

Name of Employer
United Concordia CompaniesOccupation
Regional Sales 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 / 0 3 / 2 0 0 7

Transaction ID: 20711003

Amount of Each Receipt this Period

215.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 88

(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 E. SANDERS

Mailing Address 202 Lincoln Way East, Suite 4

City State Zip Code
Mishawaka IN 46544-2042

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Sanders Agency Inc

Occupation
Insurance 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 / 0 3 / 2 0 0 7

Transaction ID: 20711004

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
KAREN M. REYNOLDS

Mailing Address 4220 B Street

City State Zip Code
Anchorage AK 99503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willis of Alaska

Occupation
Associate EBS Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: 20711005

Amount of Each Receipt this Period

215.00

C. Full Name (Last, First, Middle Initial)
KAREN M. REYNOLDS

Mailing Address 4220 B Street

City State Zip Code
Anchorage AK 99503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willis of Alaska

Occupation
Associate EBS Consultant

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 / 0 3 / 2 0 0 7

Transaction ID: 20711006

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. 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

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

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

Transaction ID: 20711007

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

B. CHARLES A. NEIMAN

Mailing Address 361 West Market Street
P.O.Box 3

City

York

State

PA

Zip Code

17401-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charles A. Neiman & Compa-
ny

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: 20711008

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. CHARLES A. NEIMAN

Mailing Address 361 West Market Street
P.O.Box 3

City

York

State

PA

Zip Code

17401-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charles A. Neiman & Compa-
ny

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 20711009

Amount of Each Receipt this Period

215.00

SUBTOTAL of Receipts This Page (optional)

781.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Susan McGinnis		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 8 / 2 0 0 7
Mailing Address 8516 East 101st, Suite H		Transaction ID: 20900255
City Tulsa	State OK	Zip Code 74133-7035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer BenEx Insurance Agency	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B. Full Name (Last, First, Middle Initial) B Calvin		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address PO Box 101422		Transaction ID: 21071621
City Anchorage	State AK	Zip Code 99510-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Calco Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

C. Full Name (Last, First, Middle Initial) Michael Kielian		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address PO Box 45279		Transaction ID: 21071624
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Terry Ives

Mailing Address P O Box 3459

City State Zip Code
San Clemente CA 92674-3459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Executive Financial Advis-
ors Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
07 02 2007

Transaction ID: 21071628

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. David Fear

Mailing Address 11160 Sun Center Drive, Suite A

City State Zip Code
Rancho Cordova CA 95670-6121

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIMS Strategic Distributi-
on Division

Occupation
Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y
07 02 2007

Transaction ID: 21071632

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Eugene Rowe

Mailing Address 16000 Ventura Blvd, Suite 1103

City State Zip Code
Encino CA 91436-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer
R & R Insurance and Retir-
ement Service

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
07 02 2007

Transaction ID: 21071633

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 88

(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-Stokes

Mailing Address 2000 N 14th Street

City State Zip Code
Arlington VA 22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
Executive VP, CEO

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 / 0 2 / 2 0 0 7

Transaction ID: 21071634

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Rios-Carl

Mailing Address 124 West Castellano Drive, Suite 2

City State Zip Code
El Paso TX 79912-6139

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 ▼

210.00

Date of Receipt

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

Transaction ID: 21071635

Amount of Each Receipt this Period

30.00

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

Mailing Address 7261 Mercy Rd.

City State Zip Code
Omaha NE 68164-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross Blue Shield of
Nebraska

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: 21071637

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 88

(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 Berman		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 6510 N. Shadeland Avenue		Transaction ID: 21071639 Amount of Each Receipt this Period 60.00
City Indianapolis	State IN	
Zip Code 46220		
FEC ID number of contributing federal political committee. C		
Name of Employer Neace Lukens Holding Comp- any Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B. Full Name (Last, First, Middle Initial) Elizabeth Ashmore		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 7606 University Avenue, Suite B		Transaction ID: 21071640 Amount of Each Receipt this Period 100.00
City Lubbock	State TX	
Zip Code 79423-2128		
FEC ID number of contributing federal political committee. C		
Name of Employer Ashmore Agency Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

C. Full Name (Last, First, Middle Initial) Timothy Hendricks		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 1605 S Eucalyptus Ave		Transaction ID: 21071641 Amount of Each Receipt this Period 100.00
City Broken Arrow	State OK	
Zip Code 74012-5906		
FEC ID number of contributing federal political committee. C		
Name of Employer Business Planning Group Of OK	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 88

(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) Mary Kramer Mailing Address 2637 South 158th Plaza, Suite 200 City State Zip Code Omaha NE 68130-1769 FEC ID number of contributing federal political committee. C Name of Employer Holmes Murphy and Associates Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071644 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) Robert Grundman Mailing Address 7412 Karl Drive City State Zip Code Lincoln NE 68516-4368 FEC ID number of contributing federal political committee. C Name of Employer Senior Benefit Strategies Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071646 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) STEPHEN SALAMON Mailing Address PO Box 4252 City State Zip Code Timonium MD 21094-4252 FEC ID number of contributing federal political committee. C Name of Employer Heritage Financial Consultants LLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071651 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Linda Erlencach		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 151 Belcourt Lane		
City	State	Zip Code
Aurora	OH	44202-8438
FEC ID number of contributing federal political committee.		Transaction ID: 21071655
Name of Employer L.M. Erlencach Inc.		Amount of Each Receipt this Period 30.00
Occupation Benefits Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00

B. Full Name (Last, First, Middle Initial) RODNEY STUART		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 9755 Randall Dr., # 101		
City	State	Zip Code
Indianapolis	IN	46280
FEC ID number of contributing federal political committee.		Transaction ID: 21071664
Name of Employer Benefit Innovations LLP		Amount of Each Receipt this Period 50.00
Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00

C. Full Name (Last, First, Middle Initial) C.L. Westmoreland		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address PO Box 925		
City	State	Zip Code
Jackson	MS	39205-0925
FEC ID number of contributing federal political committee.		Transaction ID: 21071666
Name of Employer American Public Life Insurance Company		Amount of Each Receipt this Period 30.00
Occupation Director of Agency Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Jackie Spragins

Mailing Address PO Box 2073

City

Wichita Falls

State

TX

Zip Code

76307-2073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spragins Insurance Agency

Occupation

Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 21071669

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. William Robinson

Mailing Address 100 S. Sunrise Way, PMB 364

City

Palm Springs

State

CA

Zip Code

92262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Agency

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

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

Transaction ID: 21071670

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Bruce Gardner

Mailing Address 1502 West Avenue

City

Austin

State

TX

Zip Code

78701-1561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bruce Gardner Insurance
& Investments

Occupation

Registered Representative

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: 21071671

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) George Condos		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 7881 West Charleston Blvd. #140		Transaction ID: 21071672
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Leavitt Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B. Full Name (Last, First, Middle Initial) Dennis Recker		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 971 North Perry Street		Transaction ID: 21071673
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Fawcett Lammon Recker & Associates	Occupation Registered Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C. Full Name (Last, First, Middle Initial) Larry Kaczmarek		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 2633 State Route 59, Suite B		Transaction ID: 21071674
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

Eugene Ebersole

Mailing Address PO Box 2886

City State Zip Code
 Gretna LA 70054-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates In-
c.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: 21071676

Amount of Each Receipt this Period

85.00

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

Russell Childers

Mailing Address PO Box 1547

City State Zip Code
 Americus GA 31709-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers CLU

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21071677

Amount of Each Receipt this Period

30.00

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

Virginia D. Safford

Mailing Address 5753 North River Road

City State Zip Code
 Waterville OH 43566-9765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Benefits

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21071680

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 88

(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 Hill		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 4435 O Street P.O. Box 30275		
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Transaction ID: 21071683
Name of Employer UNICO Financial Services Inc.		Amount of Each Receipt this Period 60.00
Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00

B. Full Name (Last, First, Middle Initial) Donna Hill		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address PO Box 724		
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. C		Transaction ID: 21071685
Name of Employer DDH Associates LLC		Amount of Each Receipt this Period 125.00
Occupation Health Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00

C. Full Name (Last, First, Middle Initial) Suzanne Johnson		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 6235 Morrison Boulevard, Suite 302		
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Transaction ID: 21071689
Name of Employer Strategic Employee Benefit Services		Amount of Each Receipt this Period 40.00
Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
John Parker
Mailing Address 47 Laurel Hill Drive

City State Zip Code
Niantic CT 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 ▼

730.00

Date of Receipt

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

Transaction ID: 21071692

Amount of Each Receipt this Period

90.00

B. Full Name (Last, First, Middle Initial)
Kathryn Anderson
Mailing Address P. O. Box 7648

City State Zip Code
Tyler TX 75711-7648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategies In Employee Be-
nefits Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: 21071693

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)
Kelly Fristoe
Mailing Address 807 8th Street, Suite 300
P.O. Box 4789

City State Zip Code
Wichita Falls TX 76308-0789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Partners

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21071698

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 88

(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) Ryan Thorn Mailing Address 10342 South Springcrest Lane City State Zip Code South Jordan UT 84095-4538 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071699 Amount of Each Receipt this Period 30.00
Name of Employer Ryan P. Thorn Insurance Planning Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		
B. Full Name (Last, First, Middle Initial) David Moore Mailing Address PO Box 1006 City State Zip Code Burlington NC 27216-1006 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071701 Amount of Each Receipt this Period 85.00
Name of Employer David R. Moore CLU & Associates Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 695.00		
C. Full Name (Last, First, Middle Initial) Julia A. Jennings Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120 City State Zip Code Dartmouth MA 02747-1278 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071703 Amount of Each Receipt this Period 30.00
Name of Employer Sylvia & Co. Ins. Agency Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 88

(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 E. Carmean

Mailing Address PO Box 7367
2300 Whittlesey Rd Suite A

City Columbus State GA Zip Code 31908-7367

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

Name of Employer Paragon Marketing Occupation Vice President, Group Sales & Marketing

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

Aggregate Year-to-Date ▼ 966.00

Date of Receipt

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

Transaction ID: 21071704

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Thelma Kaczmarek

Mailing Address 2633 State Route 59, Suite B
P O Box 345

City Ravenna State OH Zip Code 44266

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

Name of Employer Kaczmarek Ins. Services Agency Inc. Occupation Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 21071708

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Wesley Moore, III

Mailing Address P O 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 President

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

Aggregate Year-to-Date ▼ 800.00

Date of Receipt

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

Transaction ID: 21071711

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 88

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Suzy Alberts

Mailing Address 20700 Civic Center Drive
Ste 250

City State Zip Code
Southfield MI 48076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Servic-
es

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
07 02 2007

Transaction ID: 21071731

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Stephanie M. Denz

Mailing Address 5000 US Hwy 17, 18#314

City State Zip Code
Jacksonville FL 32003

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Southeast

Occupation
Field Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
07 02 2007

Transaction ID: 21071742

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Mark A. Schlange

Mailing Address P. O. Box 700

City State Zip Code
Bellevue NE 68005-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Benefit Consultant 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
07 02 2007

Transaction ID: 21071744

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 88

(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 D. Hopper Mailing Address 6400 Fairview Road City State Zip Code Charlotte NC 28210-3237 FEC ID number of contributing federal political committee. C Name of Employer Wachovia Insurance Services Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071745 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) Cynthia Doucet Mailing Address P. O. Box 91180 City State Zip Code Lafayette LA 70509-1180 FEC ID number of contributing federal political committee. C Name of Employer Global Financial Resources Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071747 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) Joseph Roberts Mailing Address 7101 S. 82nd St., #B City State Zip Code Lincoln NE 68516-6574 FEC ID number of contributing federal political committee. C Name of Employer Midlands Financial Benefits Occupation Registered Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071748 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 88

(check only one)

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☐ 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 Friedrich Mailing Address PO Box 30275 City Lincoln State NE Zip Code 68503-0275 FEC ID number of contributing federal political committee. C Name of Employer UNICO Financial Services Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071750 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Joseph Phiher Mailing Address 5495 Belt Line Road, Suite 155 City Dallas State TX Zip Code 75254-7643 FEC ID number of contributing federal political committee. C Name of Employer SafeGuard Health Enterprises Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 695.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071757 Amount of Each Receipt this Period 85.00
C. Full Name (Last, First, Middle Initial) Daniel Tompkins, III Mailing Address PO Box 1810 800 Old Roswell Lakes Pkwy Suite 3 City Roswell State GA Zip Code 30077-1810 FEC ID number of contributing federal political committee. C Name of Employer Admin America Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071763 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Alan Schulman

Mailing Address 2003 Little Haven Court

City State Zip Code
 Olney MD 20832-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sors

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: 21071771

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Virginia Ashton

Mailing Address 1900 Electric Road

City State Zip Code
 Salem VA 24153-7474

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 ▼

210.00

Date of Receipt

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

Transaction ID: 21071772

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Joshua Nace

Mailing Address 936 North 34th Street, Suite 208

City State Zip Code
 Seattle WA 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 / 0 2 / 2 0 0 7

Transaction ID: 21071773

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Lisa Wetherton Mailing Address 4180 Providence Rd Suite 200 City State Zip Code Dahlonega GA 30533 FEC ID number of contributing federal political committee. C Name of Employer Benefit Designs Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071777 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Marilyn Van Sant Mailing Address 268 South Street City State Zip Code Morristown NJ 07960 FEC ID number of contributing federal political committee. C Name of Employer NAS Financial Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 695.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071778 Amount of Each Receipt this Period 85.00
C. Full Name (Last, First, Middle Initial) James S. Garbina Mailing Address 11949 Q Street City State Zip Code Omaha NE 68137-3595 FEC ID number of contributing federal political committee. C Name of Employer Harry A. Koch Co. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 21071782 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 88

(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 Lineberger
Mailing Address 1536-A Union Rd

City State Zip Code
Gastonia NC 28054-2204

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 / 0 2 / 2 0 0 7

Transaction ID: 21071784

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
Catherine Ficara
Mailing Address 26999 Central Park Blvd.

City State Zip Code
Southfield MI 48076-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Financial Group LL-
CUnited

Occupation
Health Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 21071785

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
Steven J. Sinkler
Mailing Address 4320 114th St.

City State Zip Code
Urbandale IA 50322-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Benefits Ag-
ency

Occupation
Vice President 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 / 0 2 / 2 0 0 7

Transaction ID: 21071787

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Marylou Hudman

Mailing Address 5330 Bent Tree Forest Drive, Suite

City State Zip Code
 Dallas TX 75248-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer
A Benefit Source

Occupation
Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 21071789

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William BUDDY Anderson

Mailing Address 498 Palm Springs Drive, Suite 270

City State Zip Code
 Altamonte Springs FL 32701-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Port

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 / 0 2 / 2 0 0 7

Transaction ID: 21071792

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Michael Norris

Mailing Address PO Box 999
 295 E Palmer Street

City State Zip Code
 Franklin NC 28744-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayah Insurance Agency

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 21071795

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 88

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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)

CHARLES Wagner

Mailing Address PO Box 9

City State Zip Code
 Burwell NE 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 ▼

350.00

Date of Receipt

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

Transaction ID: 21071804

Amount of Each Receipt this Period

50.00

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

Jennifer Toups

Mailing Address PO Box 113113

City State Zip Code
 Metairie LA 70011-3113

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 / 0 2 / 2 0 0 7

Transaction ID: 21071806

Amount of Each Receipt this Period

30.00

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

James F. Summers

Mailing Address 8420 West Dodge Road, Suite 510

City State Zip Code
 Omaha NE 68114-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: 21071810

Amount of Each Receipt this Period

125.00

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

FOR LINE NUMBER: PAGE 36 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Susan R. Pittman
Mailing Address 32418 51st Avenue, SW

City State Zip Code
Federal Way WA 98023-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insure NW Inc.

Occupation
Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 21071827

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Robert Vernon
Mailing Address PO Box 18251

City State Zip Code
Roanoke VA 24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRR Consulting 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 / 0 2 / 2 0 0 7

Transaction ID: 21071838

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
Victoria Major-Bell
Mailing Address P O Box 540034

City State Zip Code
Lake Worth FL 33454-0034

FEC ID number of contributing
federal political committee.

C

Name of Employer
VMB Solutions

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 21071847

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
David Perry
Mailing Address 1634 Ryan Street

City State Zip Code
Lake Charles LA 70601-5949

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 ▼

410.00

Date of Receipt

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

Transaction ID: 21071857

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
R Jensen
Mailing Address 6060 South Kenton Way

City State Zip Code
Englewood CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 21071872

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
Kenneth Sherlin
Mailing Address P. O. Box 1550

City State Zip Code
Asheville NC 28801-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Group

Occupation
Marketing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 21071874

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. John G. Prue

Mailing Address 7311 West 132nd Street, Suite 200

City State Zip Code
 Shawnee Mission KS 66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana Inc.

Occupation
Insurance 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 / 0 2 / 2 0 0 7

Transaction ID: 21071877

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Lisa Ills

Mailing Address 4455 East Camelback Road, Suite D2

City State Zip Code
 Phoenix AZ 85018-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glass Financial Group

Occupation
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: 21071900

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Leah-Anne Janway

Mailing Address 211 North Robinson Avenue
 One Leadership Square, Suite 450

City State Zip Code
 Oklahoma City OK 73102-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berryhill Insurance Agency
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

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

Transaction ID: 21071901

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
THOMAS G. MAGNUS

Mailing Address PO Box 999

City State Zip Code
El Granada CA 94018-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross of California

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 21072007

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
KENNETH JONES

Mailing Address 3659 Green Rd., # 217

City State Zip Code
Beachwood OH 44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
GBA Solutions

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 21072010

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
DAVID M DEITCH

Mailing Address 2785 East Desert Inn Road, Suite 1

City State Zip Code
Las Vegas NV 89121-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: 21072011

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 88

(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 ALT

Mailing Address 6410 Southwest Blvd, Suite 204

City

Fort Worth

State

TX

Zip Code

76109-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alt Benefit Consultants
Inc

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 21072013

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CHARLES TROGDON

Mailing Address 7910 North Ingram Avenue, Suite 20

City

Fresno

State

CA

Zip Code

93711-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Services

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21072015

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

FRANCIS A RUGGIERO

Mailing Address 15 Kennedy Drive

City

Budd Lake

State

NJ

Zip Code

07828-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ruggiero Group LLC

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: 21072016

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 88

(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) RICK D. BAILEY			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7	
Mailing Address 4390 Earney Road, Suite 240			Transaction ID: 21072018	
City State Zip Code Woodstock GA 30188-5687			Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Rick Bailey & Company Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		
B. Full Name (Last, First, Middle Initial) ROBERT J BISHOP			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7	
Mailing Address 2785 East Desert Inn Rd., # 134			Transaction ID: 21072019	
City State Zip Code Las Vegas NV 89121-3623			Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer KIA Insurance		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 695.00		
C. Full Name (Last, First, Middle Initial) WALTER T. HALE			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7	
Mailing Address 211 East Church Street			Transaction ID: 21072026	
City State Zip Code Morrliton AR 72110-3419			Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Hawkins Insurance Agency		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code
 Burbank CA 91501-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jardez Financial & Insurance Inc.

Occupation
Insurance 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 0 7

Transaction ID: 21072027

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DAVID S JOHNSON

Mailing Address P. O. Box 871129

City State Zip Code
 Stone Mountain GA 30087-0029

FEC ID number of contributing
federal political committee.

C

Name of Employer
David S. Johnson Insurance

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: 21072029

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. MARK D. KENNEDY

Mailing Address 1173 Brittmoore Road

City State Zip Code
 Houston TX 77043-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Concepts Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: 21072030

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOHN R MCCONNAUGHEY

Mailing Address PO Box 805

City

West Chester

State

OH

Zip Code

45071-0805

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency
Inc

Occupation

Insurance 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 9 / 2 0 0 7

Transaction ID: 21072032

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. FRANK R NOVY

Mailing Address 21238 Woodview Circle

City

Strongsville

State

OH

Zip Code

44149-9261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualified Administrative
Services Inc

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21072035

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. SUSAN MALEY RASH

Mailing Address 2108 West Laburnum Avenue, Suite 3

City

Richmond

State

VA

Zip Code

23227-4300

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 ▼

695.00

Date of Receipt

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

Transaction ID: 21072041

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 88

(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 C RAUSER

Mailing Address 400 East Wisconsin Avenue, # 200

City

Milwaukee

State

WI

Zip Code

53202-4499

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rauser Agency Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

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

Transaction ID: 21072042

Amount of Each Receipt this Period

170.00

B.

Full Name (Last, First, Middle Initial)

ALFONSO C. SCHIEBEL

Mailing Address 200 Sandy Springs Pl., # 300A

City

Atlanta

State

GA

Zip Code

30328-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashford Advisors Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

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

Transaction ID: 21072046

Amount of Each Receipt this Period

33.00

C.

Full Name (Last, First, Middle Initial)

BOB G SHUPE

Mailing Address PO Box 2344

City

Brentwood

State

TN

Zip Code

37024-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP Inc

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: 21072047

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

253.00

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 45 / 88

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ALBERT J TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code
 Boca Raton FL 33431-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Hancock

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: 21072049

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. PETER VINTON

Mailing Address 9480 Deereco Road

City State Zip Code
 Timonium MD 21093-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Coverage LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: 21072050

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. SUE LARSEN

Mailing Address P.O. Box 6465

City State Zip Code
 Santa Barbara CA 93111-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Larsen Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

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

Transaction ID: 21072052

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. TRAVIS S. MIDDLETON

Mailing Address 20501 Katy Freeway, # 219

City State Zip Code
 Katy TX 77450-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer
TradeMark Insurance Agency

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072054

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. WILLIAM BLAKELY

Mailing Address PO Box 11310

City State Zip Code
 Chattanooga TN 37401-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Blakely & Associates

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072056

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. NICOLE FAIRBAIRN WONNELL

Mailing Address 14701 Cumberland Road, Suite 180

City State Zip Code
 Noblesville IN 46060-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Insurance Concep-
ts Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 21072057

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

CLAUDIA S DODGE

Mailing Address 2108 W. Laburnum Ave., # 300

City State Zip Code
 Richmond VA 23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation
AVP - Sales Consultant

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 9 / 2 0 0 7

Transaction ID: 21072058

Amount of Each Receipt this Period

30.00

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

JOHN KIEBLER

Mailing Address 300 West Vine Street

City State Zip Code
 Lexington KY 40507-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHA Health

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21072060

Amount of Each Receipt this Period

30.00

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

BRADFORD H. BLAIN

Mailing Address P O Box 4510

City State Zip Code
 Lexington KY 40544-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Al Torstrick Insurance Ag-
ency Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21072061

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. STEPHANIE MONETTE

Mailing Address 1510 Meadow Wood Lane

City State Zip Code
Reno NV 89502-8503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Plans

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072063

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. THOMAS A. BRYON

Mailing Address 9820 Metcalf Ave., # 110

City State Zip Code
Overland Park KS 66212

FEC ID number of contributing
federal political committee.

C

Name of Employer
SS&G and Associates Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 21072068

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. NORMAN D. SPRINGER

Mailing Address 1626 East 203rd Street

City State Zip Code
Westfield IN 46074-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21072069

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 88

(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)

GREGORY S SMITH

Mailing Address 2201 Woodlawn Road
PO Box 370

City State Zip Code
Lincoln IL 62656-9645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Marketing Services
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: 21072072

Amount of Each Receipt this Period

15.00

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

ROSEMARY DEININGER

Mailing Address 12801 N. Central Expressway, Suite

City State Zip Code
Dallas TX 75243-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waldman Brothers

Occupation
Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: 21072075

Amount of Each Receipt this Period

30.00

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

RONALD M LEVINE

Mailing Address 3965 Johns Creek Ct., Suite- A

City State Zip Code
Suwanee GA 30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARINSO International

Occupation
Vice President of Sales, SE

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 9 / 2 0 0 7

Transaction ID: 21072081

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 88

(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 BOWMAN

Mailing Address 2701 West 15th Street, # 554

City State Zip Code
 Plano TX 75075-7523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowman & Bowman Consultan-
ts Inc.

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072086

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY SHERROD

Mailing Address 1203-B West Loop 281, Suite 103

City State Zip Code
 Longview TX 75604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principal Life Insurance
Co.

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072088

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

LAURIE J KIRKLAND

Mailing Address PO Box 10088

City State Zip Code
 Yakima WA 98909-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conover Insurance Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21072090

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 88

(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) RANDY H. KLEIN Mailing Address 306 North Cleveland Massillon Road City Akron State OH Zip Code 44333-4511 FEC ID number of contributing federal political committee. C Name of Employer Group Benefit Associates LLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7 Transaction ID: 21072094 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) TIFFANY A. OTIS Mailing Address 28588 Northwestern Highway, Suite City Southfield State MI Zip Code 48034-8335 FEC ID number of contributing federal political committee. C Name of Employer PPOM Occupation Vice President Corporate Sales & Prov Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7 Transaction ID: 21072095 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) JONI Robin REENTS Mailing Address 7100 N. Broadway, #6-OPH City Denver State CO Zip Code 80221-2943 FEC ID number of contributing federal political committee. C Name of Employer Romer Reents & Associates Inc. Occupation Producer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7 Transaction ID: 21072096 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 88

(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 Street

City State Zip Code
 Kingston NY 12401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Counseling Associ-
ates

Occupation
Group & Health Benefit Specialist

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 9 / 2 0 0 7

Transaction ID: 21072097

Amount of Each Receipt this Period

30.00

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

CRISTY RUSSELL GUPTO

Mailing Address 357 Sanford Drive

City State Zip Code
 Morganton NC 28655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flexible Benefit Manageme-
nt

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072098

Amount of Each Receipt this Period

50.00

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

DENNIS E. WRIGHT

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code
 Fort Wayne IN 46825-4240

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 ▼

695.00

Date of Receipt

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

Transaction ID: 21072105

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. WILLIAM D ROBINSON

Mailing Address 739 East Jackson Street

City State Zip Code
 Martinsville IN 46151-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual
Insurance

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072107

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ELEANOR BROCKHURST

Mailing Address 1212 East Osborn Road, Suite 110

City State Zip Code
 Phoenix AZ 85014-5533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brockhurst & Associates
Inc.

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072111

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHARLES T GARTLAN

Mailing Address PO Box 1268

City State Zip Code
 Toms River NJ 08754-1268

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.00

Date of Receipt

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

Transaction ID: 21072113

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOSEPH LEE HANNAH

Mailing Address 3130 Chaparral Drive

City State Zip Code
 Roanoke VA 24018-4353

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIGNA Healthcare

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 21072114

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. GERALD G HARTMAN

Mailing Address PO Box 5716

City State Zip Code
 Boise ID 83705-0716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network America
Inc

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: 21072115

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. LORI J HEADLEY

Mailing Address PO Box 14725

City State Zip Code
 Portland OR 97293-0725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthwise Insurance Plan-
ning

Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072116

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 55 / 88

(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) NICHOLAS S. MASSEI, JR. Mailing Address 832 Humewick Way City Sunnyvale State CA Zip Code 94087-3534 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7 Transaction ID: 21072119 Amount of Each Receipt this Period 85.00
Name of Employer Massei Insurance Services Agency Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Insurance Agent Aggregate Year-to-Date ▼ 265.00
B. Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK Mailing Address PO Box 38248 3300 Battleground Ave. #200 (2741) City Greensboro State NC Zip Code 27438-8248 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7 Transaction ID: 21072120 Amount of Each Receipt this Period 85.00
Name of Employer EbenConcepts Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Insurance Agent Aggregate Year-to-Date ▼ 595.00
C. Full Name (Last, First, Middle Initial) DANIEL W. MCMAHON Mailing Address 123 East 2nd Avenue City Spokane State WA Zip Code 99202-1504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7 Transaction ID: 21072121 Amount of Each Receipt this Period 50.00
Name of Employer Jones & Mitchell Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Benefits Manager Aggregate Year-to-Date ▼ 450.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 88

(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 PO Box 30100

City State Zip Code
 Winston Salem NC 27130-0100

FEC ID number of contributing federal political committee.

C

Name of Employer
The Rainmakers Group Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

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

Transaction ID: 21072122

Amount of Each Receipt this Period

85.00

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

JAMES D SCHULZ

Mailing Address 7101 S. 82nd St.

City State Zip Code
 Lincoln NE 68516-6574

FEC ID number of contributing federal political committee.

C

Name of Employer
Midlands Financial Benefi-
tsOccupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072123

Amount of Each Receipt this Period

85.00

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

M HUGHES WARREN, JR

Mailing Address P.O. Box 7661

City State Zip Code
 Wilmington NC 28406-7661

FEC ID number of contributing federal political committee.

C

Name of Employer
Ebenconcepts Inc.Occupation
Insurance 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 9 / 2 0 0 7

Transaction ID: 21072128

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAMES R STENGER

Mailing Address 268 South Street

City State Zip Code
 Morristown NJ 07960-6019

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 ▼

1290.00

Date of Receipt

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

Transaction ID: 21072132

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

B. H Luke MCDERMOTT

Mailing Address 883 West Baxter Drive

City State Zip Code
 South Jordan UT 84095-8506

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & Associates

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: 21072135

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DEAN M HOFFMAN

Mailing Address W223 N608 Saratoga Dr

City State Zip Code
 Waukesha WI 53186-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Insurance Services Inc.

Occupation
Insurance 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 / 3 1 / 2 0 0 7

Transaction ID: 21072144

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 88

(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)
G. Russell GARNER

Mailing Address 1308 Murraywood Drive

City State Zip Code
Columbia SC 29212-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
G. Russell Garner, CLU,
LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 21072148

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
ROSS W KRAFT

Mailing Address 41 Notre Dame Lane

City State Zip Code
Utica NY 13502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Group of New York
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 21072151

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
OWEN W. WINGATE

Mailing Address 155 Professional Dr

City State Zip Code
Ponte Vedra Beach FL 32082-6217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wingate Insurance Group
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 21072153

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOHN Philip GARVEN

Mailing Address 11715 East Main Street - PO Box 8

City State Zip Code
 Huntley IL 60142-6913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benico LTD

Occupation
Insurance 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 / 3 1 / 2 0 0 7

Transaction ID: 21072157

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. RYAN R. McDERMOTT

Mailing Address 883 West Baxter Drive

City State Zip Code
 South Jordan UT 84095-8506

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & Associates

Occupation
Insurance 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 / 3 1 / 2 0 0 7

Transaction ID: 21072159

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. RON J. NEZAT

Mailing Address PO Box 91180

City State Zip Code
 Lafayette LA 70509-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resources Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: 21072160

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 88

(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)

DWIGHT A. HALL

Mailing Address 11555 North Meridian Street, Suite

City State Zip Code
Carmel IN 46032-6945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sagamore Health Network
Inc.

Occupation
Business Development 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
07 / 31 / 2007

Transaction ID: 21072164

Amount of Each Receipt this Period

30.00

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

PATRICIA A GRIFFEY

Mailing Address 227 Dixie Way North Suite 210

City State Zip Code
South Bend IN 46637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Page 1 Benefits Inc.

Occupation
Insurance 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
07 / 31 / 2007

Transaction ID: 21072165

Amount of Each Receipt this Period

60.00

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

RYAN A SAUL

Mailing Address 1521 Technology Parkway
P.O. Box 767

City State Zip Code
Cedar Falls IA 50613-6977

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIPAC

Occupation
Insurance 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
07 / 31 / 2007

Transaction ID: 21072167

Amount of Each Receipt this Period

30.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 88

(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)
BRIAN W. LIECHTY

Mailing Address 120 East Washington Street

City State Zip Code
Plymouth IN 46563-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
KL Benefits

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 21072168

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
HENRY John SULLIVAN

Mailing Address 523 Camilla Avenue

City State Zip Code
Roanoke VA 24014-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

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
07 / 31 / 2007

Transaction ID: 21072170

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
SHELLY K WINSON

Mailing Address PO Box 1914

City State Zip Code
Scottsdale AZ 85252-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
GroupLink Inc

Occupation
Individual Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 21072171

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 88

(check only one)

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☐ 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)
WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code
Tyler TX 75701-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Threlkeld & Company Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 21072173

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway
Suite 230

City State Zip Code
Norcross GA 30092-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services
Inc./ AA LaR

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 21072174

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
ALINE H. ROBERTS

Mailing Address 3537 Old Conejo Road Suite 114

City State Zip Code
Newberry Park CA 91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Dimensions

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 21072175

Amount of Each Receipt this Period

170.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

GREG J. SEIFERT

Mailing Address PO Box 189
916 Main Street

City State Zip Code
Vancouver WA 98666-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biggs Insurance Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1195.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 21072181

Amount of Each Receipt this Period

85.00

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

PAUL E. SMITH

Mailing Address 124 Washington Street

City State Zip Code
Middletown CT 06457-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 21072185

Amount of Each Receipt this Period

85.00

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

KENNETH J. STATZ

Mailing Address PO Box 41068

City State Zip Code
Brecksville OH 44141-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Statz & Associates

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 21072187

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway
Suite 230City State Zip Code
Norcross GA 30092-2188FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services
Inc./ AA LaROccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

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

Transaction ID: 21072188

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MAURICE LYONS

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code
New York NY 10017-8103FEC 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 ▼

660.00

Date of Receipt

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

Transaction ID: 21072189

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. MARY LANDEN

Mailing Address 1000 Burnett Avenue, Suite 440

City State Zip Code
Concord CA 94520FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMallOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 21072190

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 88

(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)
PATRICE GOLDFARB
Mailing Address 442 Teaneck Rd.

City State Zip Code
Ridgefield Park NJ 07660-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Employee Benefits Adv-
isors Group

Occupation
Insurance Agent

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 / 3 0 / 2 0 0 7

Transaction ID: 21072193

Amount of Each Receipt this Period

60.00

B. Full Name (Last, First, Middle Initial)
RICHARD E. WHEELER
Mailing Address 617 Highway 71, Building 2-6

City State Zip Code
Brielle NJ 08730-1838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard E. Wheeler Insura-
nce Services

Occupation
Insurance 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 / 3 0 / 2 0 0 7

Transaction ID: 21072197

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
BRUCE D BENTON
Mailing Address 19528 Ventura Boulevard # 596

City State Zip Code
Tarzana CA 91356-2917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis SmithBenton Insur-
ance & Financ

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: 21072199

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 88

(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) KAY KNUTSON		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7
Mailing Address 11209 Academy Ridge Rd., NE		Transaction ID: 21072202
City State Zip Code Albuquerque NM 87111	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Presbyterian Health Plan	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.00	

B. Full Name (Last, First, Middle Initial) MICHAEL A. RIVERA		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 8 / 2 0 0 7
Mailing Address 12200 Northwest Freeway, Suite 662		Transaction ID: 21072210
City State Zip Code Houston TX 77092-4927	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest General Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.00	

C. Full Name (Last, First, Middle Initial) LORELIE G. CASTELLANI		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 8 / 2 0 0 7
Mailing Address PO Box 905		Transaction ID: 21072211
City State Zip Code Branchville NJ 07826-0905	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Benefit Guidance Systems	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 67 / 88

(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)

ROBERT C. SICHMELLEA

Mailing Address 585 East Los Angeles Avenue, #H

City

Simi Valley

State

CA

Zip Code

93065-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACME/RCS Insurance Servic-
es Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

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

Transaction ID: 21072212

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

KYM J. HOPWOOD

Mailing Address 66 Franklin Street, Suite 210

City

Oakland

State

CA

Zip Code

94607-3726

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 ▼

310.00

Date of Receipt

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

Transaction ID: 21072215

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

DEIRDRE FALLON

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762-0256

FEC ID number of contributing
federal political committee.

C

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

Occupation

Insurance 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	8		2	0	0	7

Transaction ID: 21072223

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 88

(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 C. SICHMELLEA

Mailing Address 585 East Los Angeles Avenue, #H

City State Zip Code
 Simi Valley CA 93065-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACME/RCS Insurance Services Inc.

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072233

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
DAN WEBB

Mailing Address 2108 24th St Ste 2

City State Zip Code
 Bakersfield CA 93301-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Webb Insurance Group

Occupation
Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 21072236

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
JESSE A PATTON

Mailing Address 1112 Maple Street

City State Zip Code
 West Des Moines IA 50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Group Inc.

Occupation
CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2329.00

Date of Receipt

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

Transaction ID: 21072238

Amount of Each Receipt this Period

334.00

SUBTOTAL of Receipts This Page (optional)

449.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAMES Randall SOUTHARD

Mailing Address 7204-B West Friendly Avenue

City Greensboro State NC Zip Code 27410-6383

FEC ID number of contributing federal political committee.

C

Name of Employer
Professional Benefits Associates LLC

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072240

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JENNIFER L. WENKE

Mailing Address 1395 Panther Lane, Suite 100

City Naples State FL Zip Code 34109

FEC ID number of contributing federal political committee.

C

Name of Employer
Lutgert Smith Leshner Insurance Inc.

Occupation
Sr. Customer Service Rep - L & H

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 8 / 2 0 0 7

Transaction ID: 21072241

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JON SIVERS

Mailing Address 10731 Treena St., # 109

City San Diego State CA Zip Code 92131-1040

FEC ID number of contributing federal political committee.

C

Name of Employer
BenefitPro Insurance Services Inc.

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072242

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 88

(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)
 RODNEY STUART
 Mailing Address 9755 Randall Dr., # 101

City State Zip Code
 Indianapolis IN 46280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Innovations LLP

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

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

Transaction ID: 21072243

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
 STEVEN L. WILSON
 Mailing Address 1151 Red Mile Road

City State Zip Code
 Lexington KY 40504-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Insurance Marketi-
ng

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: 21072246

Amount of Each Receipt this Period

60.00

C. Full Name (Last, First, Middle Initial)
 CAROLYNNE E. MULDOON
 Mailing Address 457 Main Street

City State Zip Code
 Longmont CO 80501-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milestone Insurance 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
 0 7 / 2 8 / 2 0 0 7

Transaction ID: 21072249

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 88

(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)

DESMOND X. SLATTERY

Mailing Address PO Box 256

City State Zip Code
 Spring Lake NJ 07762-0256

FEC ID number of contributing
federal political committee.

C

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

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072251

Amount of Each Receipt this Period

85.00

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

CHERYL S FARMER

Mailing Address 1755 East Bristol Street

City State Zip Code
 Elkhart IN 46514-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Resources Inc.

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072255

Amount of Each Receipt this Period

20.00

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

JEFF R. MILES

Mailing Address 578 Washington Blvd., #801

City State Zip Code
 Marina del Rey CA 90292-5442

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Miles Organization
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 21072257

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAMES Randall SOUTHARD

Mailing Address 7204-B West Friendly Avenue

City Greensboro State NC Zip Code 27410-6383

FEC ID number of contributing federal political committee.

C

Name of Employer
Professional Benefits Associates LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2007

Transaction ID: 21072258

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. JAMES Shannon RICKETTS

Mailing Address 3900 Halisport Drive

City Kennesaw State GA Zip Code 30152

FEC ID number of contributing federal political committee.

C

Name of Employer
Purchasing Alliance Solutions Inc.

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2007

Transaction ID: 21072265

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. JOSEPH A. KELLIHER

Mailing Address 24 Sawyer Dr.

City Salem State VA Zip Code 24153

FEC ID number of contributing federal political committee.

C

Name of Employer
Benefits Group Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2007

Transaction ID: 21072268

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. WAYNE S. SAKAMOTO

Mailing Address 2664 White Cedar Lane

City State Zip Code
 Naples FL 34109-0622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Insurance Interact-
ive Inc.

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072270

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. EDWARD F BYRD

Mailing Address PO Box 50164

City State Zip Code
 Columbia SC 29250-0164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norris-Byrd Group Benefits
LLC

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072271

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DAREN R. ALLEN

Mailing Address 14744 Timberbluff Drive

City State Zip Code
 Chesterfield MO 63017-5574

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellPoint Health Networks

Occupation
Director of Agency Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 21072273

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
TRISHA NORKET

Mailing Address PO Box 220748

City State Zip Code
Charlotte NC 28222-0748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Insurance Servic-
es

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072274

Amount of Each Receipt this Period

30.00

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

Mailing Address 5171 Verdugo Way

City State Zip Code
Ventura CA 93004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden West Dental Health
Plan

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072276

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
ERIC D. JOHNSON

Mailing Address 3510 Willow Ridge Drive

City State Zip Code
Arlington TX 76017

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Southwest

Occupation
Life & Health Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 21072277

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 88

(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 C TRETTER

Mailing Address 13016 Delmar Street

City State Zip Code
 Leawood KS 66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas McGee L.C.

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072281

Amount of Each Receipt this Period

50.00

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

STEVEN T. WISNESKI

Mailing Address 4265 Grand Haven Road, Suite 200

City State Zip Code
 Muskegon MI 49441-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Benefit Systems
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: 21072287

Amount of Each Receipt this Period

30.00

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

DAN J. SCHWARTZER

Mailing Address 4600 American Parkway, Suite 208

City State Zip Code
 Madison WI 53718-8334

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAHU

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072289

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 88

(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)
CATHERINE BAKAMUS

Mailing Address PO Box 9

City State Zip Code
Longview WA 98632-7009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bratrud Middleton Insuran-
ce Brokers

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072291

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
RAY M. MUSSER

Mailing Address 404 North Second Avenue, Suite B

City State Zip Code
Upland CA 91786-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray M. Musser & Associates
Inc.

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072293

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
ERIC J JOHNSON

Mailing Address P.O. Box 244261

City State Zip Code
Anchorage AK 99503-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Benefit Design

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: 21072295

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ANNE P SPERLING

Mailing Address 25 Antigua Road

City State Zip Code
 Santa Fe NM 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 ▼

380.00

Date of Receipt

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

Transaction ID: 21072300

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DALE R. LOWENSTEIN

Mailing Address PO Box 8577

City State Zip Code
 Calabasas CA 91372-8577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dale R. Lowenstein Insurance Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 21072313

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. CHARLES A WEBB

Mailing Address 15 S. Jefferson Street

City State Zip Code
 Roanoke VA 24011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group Inc.

Occupation
Insurance 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 8 / 2 0 0 7

Transaction ID: 21072314

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 88

(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)
WARD MCKALSON

Mailing Address 532 Pajaro Street

City State Zip Code
Salinas CA 93901-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer
McKalsen Insurance Agency

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 28 2007

Transaction ID: 21072317

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway
Suite 230

City State Zip Code
Norcross GA 30092-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services
Inc./ AA LaR

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
07 28 2007

Transaction ID: 21072331

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
STEPHEN SALAMON

Mailing Address PO Box 4252

City State Zip Code
Timonium MD 21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
07 28 2007

Transaction ID: 21072346

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JESSE A PATTON

Mailing Address 1112 Maple Street

City State Zip Code
 West Des Moines IA 50265

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 ▼

1661.00

Date of Receipt

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

Transaction ID: 21072347

Amount of Each Receipt this Period

334.00

Full Name (Last, First, Middle Initial)

B. JESSE A PATTON

Mailing Address 1112 Maple Street

City State Zip Code
 West Des Moines IA 50265

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 ▼

1995.00

Date of Receipt

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

Transaction ID: 21072348

Amount of Each Receipt this Period

334.00

Full Name (Last, First, Middle Initial)

C. TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway
Suite 230

City State Zip Code
 Norcross GA 30092-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services
Inc./ AA LaR

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

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

Transaction ID: 21231169

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$370.00

SUBTOTAL of Receipts This Page (optional)

668.00

TOTAL This Period (last page this line number only)

22681.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 88

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 21076511

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

397.67

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Bank service charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 21076512

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

112.12

Bank service charge

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 21076513

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

4.50

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)

514.29

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 81 / 88

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 21076514

Date of Disbursement

07 / 23 / 2007

Amount of Each Disbursement this Period

239.20

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)

239.20

TOTAL This Period (last page this line number only)

753.49

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 82 / 88

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address Post Office Box 581

City
Brighton

State
MI

Zip Code
48116

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael J. Rogers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MI District: 8

Transaction ID: 20690380

Date of Disbursement

07 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jerry Weller For Congress Inc.

Mailing Address P.O. Box 2368

City
Joliet

State
IL

Zip Code
60434

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gerald C. Weller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 11

Transaction ID: 20690361

Date of Disbursement

07 / 06 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kenny Marchant For Congress

Mailing Address PO Box 110187

City
Carrollton

State
TX

Zip Code
75011

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kenneth Marchant

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 24

Transaction ID: 20722107

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

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 83 / 88

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Ron Lewis For Congress

Mailing Address PO Box 307

City
Elizabethtown

State
KY

Zip Code
42702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KY District: 2

Transaction ID: 20722058

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frank Pallone, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 6

Transaction ID: 20722113

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Sullivan For Congress

Mailing Address Post Office Box 470840

City
Tulsa

State
OK

Zip Code
74147

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Sullivan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OK District: 1

Transaction ID: 20721370

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

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 84 / 88

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Tom Feeney For Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tom Feeney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 24

Transaction ID: 20722060

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Blvd
Suite 180

City Austin State TX Zip Code 78731

Purpose of Disbursement
Contribution

Candidate Name
Sen. John Cornyn

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: TX District: 2

Transaction ID: 20721510

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas M. Reynolds

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 26

Transaction ID: 20859936

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

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 85 / 88

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Lot Of People For Dave Obey

Mailing Address 525 Washington St
PO Box 1322

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Contribution

Candidate Name
Rep. David R. Obey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 7

Transaction ID: 20859984

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nydia M. Velazquez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 12

Transaction ID: 20860054

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kline For Congress

Mailing Address 101 Burnsville Parkway
Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Kline

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MN District: 2

Transaction ID: 20860263

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

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 86 / 88

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. For Congress

Mailing Address Post Office Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles W. Boustany, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 7

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

Transaction ID: 20860264

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 20859930

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address 29 Ruff Circle

City State Zip Code
Glastonbury CT 06033

Purpose of Disbursement
Contribution

Candidate Name
Rep. John B. Larson

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 1

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

Transaction ID: 20893622

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 87 / 88

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Hulshof For Congress

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kenny C. Hulshof

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 9

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

011
Category/
Type

Transaction ID: 20893613

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address 610 South Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gus Bilirakis

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 9

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

011
Category/
Type

Transaction ID: 20893623

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

17500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 88

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway
Suite 230

City Norcross State GA Zip Code 30092-2188

Purpose of Disbursement
Refund for contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 21074021

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2007

Amount of Each Disbursement this Period

30.00

Refund for contribution

SUBTOTAL of Disbursements This Page (optional)

30.00

TOTAL This Period (last page this line number only)

30.00