FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | | For Oth | er inan An | Autnoriz | ea Comm | ittee | | Office Us | e Only | |
|-----|---|-------------------|------------------------------------|--|--------------------------------|---------------------------------------|-----------|--------------------------------------|--------------------|---|
| 1. | | | MAILING LAE OR PRINT | _ | xample:If typ ver the lines | ing, type | | | | |
| L | National Association of Health | n Underwri | ters PAC (HUP | AC) | | | 1 1 1 | | 1 1 1 | |
| Ш | | | | | | | | | | |
| AD | DRESS (number and street) | P. O. E | Box 7135 | | | | 1 1 1 | | 1 1 | |
| | Check if different than previously reported. (ACC) | Washi | ngton | | | | DC | 20 | 0044 | 7135 |
| 2. | FEC IDENTIFICATION NUM | BER 1 | _ | CITY 🛕 | | | STATE | ı | ZIPCODI | E 🛕 |
| | C00283135 | | : | 3. IS THIS REPOR | | NEW (N) OR | | AMENDED (A) | | |
| 4. | TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 | `´ R | lonthly eport ue On: | Feb 20 (Mar 20 | 3) | May 20 (M5) Jun 20 (M6) Jul 20 (M7) | X | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) | Ä | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) |
| | Quarterly Report(Q: July 15 Quarterly Report(Q: October 15 Quarterly Report(Q: January 31 Quarterly Report(YE | (c) (c) (3) | PRE-Election Report for the | | Primary (1 | | = | neral (12G) ecial (12G) | in the State of | Runoff (12R) |
| | July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) | | Post -Elect Report for the | | General (3 | 30G) | Rur | noff (30R) | in the State of | Special (30S) |
| 5. | Covering Period 0.7 | 0 | 1 200 | 7 | throug | h 07 | 3 1 | 2007 | | |
| | ertify that I have examined this F se or Print Name of Treasurer | - | to the best of n fer Murphy, CP | - | e and belief it | t is true, correct | and com | plete. | | |
| Sig | nature of Treasurer Ele <u>ctror</u> | nically Filed | d by Jennifer | Murphy, CP | 'A | | Date | 08 17 | 2 | 2007 |
| NO | TE : Submission of false, erron | neous, or ir | ncomplete inform | nation may s | subject the pe | erson signing th | is Report | to the penalties | of 2 U.S. | C 437g. |
| | Office Use | | | | | | | | FORM | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

| R | eport Covering the Period: From: | 01 2007 | To: 0 7 3 1 2 0 0 7 |
|----|---|-------------------------|-----------------------------------|
| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| | (a) Cash on Hand January 1 Y2007 Y | | 41981.92 |
| | (b) Cash on Hand at Begining 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 |
| ·. | Total Disbursements (from Line 31) | 18302.64 | 174526.79 |
| 3. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 74543.16 | 74543.16 |
|). | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 0. | Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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:

м м 0 7 01

^Y 2 0 0 7

та.

м м 0 7 ^D 3 1

^Y 2007

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------------|-----------------------------------|
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 22681.00 | 109519.00 |
| | (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 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 30789.84 | 207076.03 |
| 2. | Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. | All Loans Received | 0.00 | 0.00 |
| | Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| 16 | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 12.00 |
| Ο. | to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 7. | Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 8. | 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 |
|----------|---|-------------------------------|-----------------------------------|
| | rating Expenditures: 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 | 772.64 | 45797.79 |
| (c) | Expenditures Total Operating Expenditures | 772.01 | |
| , , | (add 21(a)(i), (a)(ii) and (b)) | 772.64 | 45797.79 |
| | nsfers to Affiliated/Other Party | 0.00 | 0.00 |
| 23. Cont | tributions to | | |
| and | eral Candidates/CommitteesOther Political Committees | 17500.00 | 127000.00 |
| | pendent Expenditure Schedule E) | 0.00 | 0.00 |
| 5. Coor | rdinated Expenditures Made by Party | 0.00 | 0.00 |
| (use | mittees (2 U.S.C. 441a(d)) Schedule F) | 0.00 | 0.00 |
| 6. Loan | n Repayments Made | 0.00 | 0.00 |
| 17 Leem | oo Mada | 0.00 | 0.00 |
| 8. Refu | ns Made | 0.00 | 0.00 |
| (a) | (a) Individuals/Persons Other Than Political Committees | 30.00 | 1229.00 |
| (b) | Political Party Committees | 0.00 | 0.00 |
| ` ' | Other Political Committees | | |
| (-I) | (such as PACs) | 0.00 | 0.00 |
| (d) | Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 30.00 | 1229.00 |
| 9. Othe | er Disbursements | 0.00 | 500.00 |
| | | | |
| | eral Election Activity (2 U.S.C 431(20)) Shared Federal Election Activity | | |
| | (from Schedule H6) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| . , | Federal Election Activity Paid Entirely | 0.00 | 0.00 |
| | With Federal Funds | | |
| (C) | Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 1. Tota | al Disbursements (add Lines 21(c), 22, | | |
| 23, | 24, 25, 26, 27, 28(d), 29 and 30(c)) | 18302.64 | 174526.79 |
| 2. Tota | al Federal Disbursements | | |
| | otract Line 21(a)(ii) from Line 30(a)(ii) | | |
| from | n 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 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 30759.84 | 205847.03 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 772.64 | 45797.79 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 12.00 |
| 88. Net Operating Expenditures (subtract Line 37 from Line 36) | 772.64 | 45785.79 |

| S | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | | AGE 6/88 | | |
|------------|--|--------------------------|--|---------------------------------|-------------------|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | | |
| •• | LIMIZED HEOLII 10 | | Detailed Summary Page | X 11a 11b 11 | \rightarrow $-$ | |
| Δ. | winformation conicd from such Departs and Ctat | amanta mai | y not be cold or yeard by any nave | 13 14 15 | | |
| or | y information copied from such Reports and State for commercial purposes, other than using the na | me and add | rnot be sold of used by any perso Iress of any political committee to | solicit contributions from such | committee. | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| $ \rangle$ | National Association of Health Underwrit | | | | | |
| | | (| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| Α. | Alberta Joan Priest | | | Date of Receipt | | |
| | Mailing Address PO Box 3753 | | | 07 02 | 2007 | |
| | City | State | Zip Code | Transaction ID: 20607 | | |
| | Albuquerque | NM | 87190-3753 | Amount of Each Receipt | | |
| | FEC ID number of contributing | | 0.100 0.00 | | 1 1 1 1 | |
| | federal political committee. | C | | | 100.00 | |
| | | | | | | |
| | Name of Employer AMP Consultants Inc. | Occupation | | | | |
| | Receipt For: | Insurance | e Agent Year-to-Date ▼ | | | |
| | Primary General | Aggregate | Teal-10-Date ▼ | | | |
| | Other (specify) | | 465.00 | | | |
| | | - | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| В. | CHARLES T GARTLAN | | | Date of Receipt | | |
| | Mailing Address PO Box 1268 | | | 07 02 | 2007 | |
| | City | State | Zip Code | | | |
| | Toms River NJ | | • | Transaction ID: 20607297 | | |
| | | INU | 08754-1268 | Amount of Each Receipt | this Period | |
| | FEC ID number of contributing federal political committee. | C | | | 520.00 | |
| | | | | | | |
| | Name of Employer BenefitPort LLC | Occupation | | | | |
| | | Insurance | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | ' ' | 902.00 | | | |
| | Office (Specify) | 0 0 | 0 0 0 0 0 0 0 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| C. | Cynthia Downing | | | Date of Receipt | | |
| | Mailing Address 4747 North First Street, S | | | 0 7 0 2 | 2007 | |
| | C/O Professional Exchan | ge Service State | es Zip Code | | 2007 | |
| | Fresno | CA | 93726-0517 | Transaction ID: 20607 | | |
| | | <u> </u> | 93720-0317 | Amount of Each Receipt | triis Period | |
| | FEC ID number of contributing federal political committee. | C | | | 365.00 | |
| | | | | | | |
| | Name of Employer California AHU | Occupation | | | | |
| | | | and CEO | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | |
| | Other (specify) | ' ' | 365.00 | | | |
| | | | 0 0 0 0 0 0 0 | | | |
| Г | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | . | | 985.00 | |
| \vdash | . 5 (1 -7 | | | | | |
| T | OTAL This Period (last page this line number onl | v) | | | | |

| S | CHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 7 | | |
|---------|--|-------------------------|---|--|--|
| | · · · · · · · · · · · · · · · · · · · | | Use separate schedule(s) or each category of the | (check only one) | |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | |
| | | | | 13 14 15 16 17 | |
| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any perso | on for the purpose of soliciting contributions | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) | | | | |
| | National Association of Health Underwr | | | | |
| Α. | Full Name (Last, First, Middle Initial) John D. Joseph | | | Date of Receipt | |
| | Mailing Address 1408 East Rosehill Driv | е | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| | City | State | Zip Code | Transaction ID: 20607305 | |
| | Arlington Heights | <u>IL</u> | 60004-3544 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 265.00 | |
| | Name of Employer Allstate Workplace Divisi- | Occupation Insurance | | | |
| | on Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | 00 0 | | 1 | |
| | Other (specify) ▼ | | 365.00 | | |
| | | | | | |
| В. | Full Name (Last, First, Middle Initial) Eva Jean Fomalont | | | Date of Receipt | |
| | Mailing Address 2500 Louisiana Blvd NE | M M / D D / Y Y Y Y | | | |
| | 21. | 07 02 2007 | | | |
| | City | State | Zip Code | Transaction ID: 20607372 | |
| | Albuquerque | NM | 87110-4372 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 400.00 | |
| | | | | | |
| | Name of Employer Delta Dental Plans of NM | Occupation | | | |
| | | | es/Retention Division | <u></u> | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) | | 500.00 | | |
| | Other (specify) | | 0 0 0 0 0 0 0 | | |
| — С. | Full Name (Last, First, Middle Initial) Kenneth L. Schmidt | | | Date of Receipt | |
| | Mailing Address 1332 Hunters Hollow Co | ourt | | M M / D D / Y Y Y Y | |
| | | | | 07 02 2007 | |
| | City | State | Zip Code | Transaction ID: 20607382 | |
| | Eureka | MO | 63025-1051 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing | С | | 100.00 | |
| | federal political committee. | 0 | | | |
| | Name of Employer MSM&F | Occupation | | 7 | |
| | | | Consultant | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 700.00 | | |
| | Other (specify) | | 700.00 | | |
| _ | | | | | |
| | | | | 765.00 | |
| | UBTOTAL of Receipts This Page (optional) | | ······ | - 10000 | |
| | | | | The second secon | |

| 0 | CHEDIII E A /EEC Eoum 2V) | | | FOR LINE NUMBER: PAGE 8 / 88 | | |
|-------------|---|----------------------------|---|---|--|--|
| 51 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) | | |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 | | |
| | | | Detailed Summary Page | | | |
| | | | | 13 14 15 16 17 | | |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | r not be sold or used by any perso Iress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | National Association of Health Underwri | ters PAC (| HUPAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) Victoria Major-Bell | | | Date of Receipt | | |
| | Mailing Address P O Box 540034 | | | 07 02 7 2007 | | |
| | City | State | Zip Code | Transaction ID: 20607383 | | |
| | Lake Worth | FL | 33454-0034 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | |
| | Name of Employer VMB Solutions | Occupation Insurance | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | 1.55.15 | | 1 | | |
| | Other (specify) ▼ | | 285.00 | | | |
| | | | 0 0 0 0 0 0 | 1 | | |
| — В. | Full Name (Last, First, Middle Initial) Steven Selinsky | | | Date of Receipt | | |
| | Mailing Address 28588 Northwestern Hig | M M / D D / Y Y Y Y | | | | |
| | | 07 02 2007 | | | | |
| | City | State | Zip Code | Transaction ID: 20608610 | | |
| | Southfield | MI | 48034-8335 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | 500.00 | | |
| | federal political committee. | C | | 500.00 | | |
| | Name of Employer PPOM | Occupation | 1 | | | |
| | | Insurance | e Agent | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | 1000.00 | 1 | | |
| | Other (specify) | | 1000.00 | | | |
| _ | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Ryan Thorn | | | Date of Receipt | | |
| | Mailing Address 10342 South Springcres | t Lane | | M M / D D / Y Y Y Y | | |
| | | | | 07 02 2007 | | |
| | City | State | Zip Code | Transaction ID: 20608611 | | |
| | South Jordan | UT | 84095-4538 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | |
| | Name of Employer | Occupation | 1 | | | |
| | Ryan P. Thorn Insurance Planning Inc. | Insurance | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | 33 - 3 - 11 | | 1 | | |
| | Other (specify) | | 430.00 | | | |
| | | - 0 0 | 0 0 0 0 0 0 0 | 4 | | |
| | | | | | | |
| _ | IIDTOTAL of Decision Title D / | | | 700.00 | | |
| Ls | UBTOTAL of Receipts This Page (optional) | | ······ | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 9/88 | | |
|---|-----------------------|---|--|--|--|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a | | |
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may | not be sold or used by any person | n for the purpose of soliciting contributions | | |
| NAME OF COMMITTEE (In Full) | | | Solicit contributions from Such committee. | | |
| National Association of Health Under | writers PAC (| HUPAC) | | | |
| Full Name (Last, First, Middle Initial) A. MEL A SCHLESINGER Mailing Address RO B. 201400 | | | Date of Receipt | | |
| Mailing Address PO Box 30100 | | 7: 0 1 | 07 06 2007 | | |
| City <u>Winston Salem</u> | State NC | Zip Code 27130-0100 | Transaction ID: 20710890 Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 100.00 | | |
| Name of Employer The Rainmakers Group Inc. | Occupatio Insuranc | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 710.00 | | | |
| Full Name (Last, First, Middle Initial) HARRY P. THAL | | | Date of Receipt | | |
| Mailing Address PO Box 2137 | 07 03 7 2007 | | | | |
| City | State | Zip Code | Transaction ID: 20710989 | | |
| Kernville | CA | 93238-2137 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 365.00 | | |
| Name of Employer Harry P. Thal Insurance | Occupatio Insuranc | | | | |
| Agency Receipt For: | | e Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | | 465.00 | | | |
| Full Name (Last, First, Middle Initial) C. ROSS W. PENDERGRAFT | | | Date of Receipt | | |
| Mailing Address P.O. Box 55248 | | | 0 7 0 3 2 0 0 7 | | |
| City | State | Zip Code | Transaction ID: 20710990 | | |
| Sherman Oaks | CA | 91413-0248 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | | 365.00 | | |
| Name of Employer Arroyo Insurance Services | Occupatio Insuranc | | | | |
| Inc Receipt For: | | e Year-to-Date V | | | |
| Primary General Other (specify) ▼ | 30 3 | 365.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 830.00 | | |
| TOTAL This Period (last page this line number | r only) | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 10 / 88 | | |
|----------------|--|----------------------------|---|---|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | | |
| ••• | LIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| • | | | | 13 14 15 16 17 | | |
| or | ly information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | r not be sold or used by any perso Iress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| | National Association of Health Underwri | ters PAC (| HUPAC) | | | |
| A. | Full Name (Last, First, Middle Initial) LARON D THOMPSON | | | Date of Receipt | | |
| | Mailing Address 916 Main Street | | | 07 03 2007 | | |
| | City | State | Zip Code | Transaction ID: 20710992 | | |
| | Vancouver | WA | 98660-3136 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 365.00 | | |
| | Name of Employer Biggs Insurance Services | Occupation Employee | n e Benefits | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | 365.00 | 1 | | |
| | Other (specify) | 0 0 | 303.00 | | | |
| В. | Full Name (Last, First, Middle Initial) CHARLES S. GREEN | | | Date of Receipt | | |
| Ь. | Mailing Address 9310 Bluffwind Chase | M M / D D / Y Y Y Y | | | | |
| | Walling Address 95 to Bluttwillia Chase | 07 03 2007 | | | | |
| | City | State | Zip Code | Transaction ID: 20710994 | | |
| | Roswell | GA | 30076 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 3000.00 | | |
| | Name of Employer BasicPlus Insurance Servi- | Occupation | | | | |
| | ces LLC | | ecutive Officer | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 3000.00 | | | |
| | Cities (Specify) | 0 0 | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) JOE WILD | | | Date of Receipt | | |
| | Mailing Address 5495 Belt Line Road, Su | ite 155 | | M M / D D / Y Y Y Y | | |
| | | | | 07 03 2007 | | |
| | City | State | Zip Code | Transaction ID: 20710995 | | |
| | Dallas | TX | 75254-7643 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 | | |
| | Name of Employer Safeguard Health Plans | Occupation Insurance | | | | |
| | Receipt For: | 1 | Year-to-Date ▼ | | | |
| | Primary General | | 1000.00 | 1 | | |
| | Other (specify) ▼ 1000.00 | | | | | |
| | UPTOTAL A Descript TU Descript T | | | 4365.00 | | |
| L _s | UBTOTAL of Receipts This Page (optional) | | | | | |
| _ | OTAL This Period (last page this line number or | nlv) | | | | |

| | | | | _ | | | |
|-----------|---|-------------------------|----------------------------------|--|--|--|--|
| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 11 / 88 | | | |
| | EMIZED RECEIPTS | | or each category of the | (check only one) | | | |
| •• | EMIZED RECEIL TO | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 | | | |
| Ar | ny information copied from such Reports and State for commercial purposes, other than using the nar | ements may | not be sold or used by any perso | on for the purpose of soliciting contributions | | | |
| <u></u> | NAME OF COMMITTEE (In Full) | | | | | | |
| \rangle | National Association of Health Underwrite | ers PAC (| HUPAC) | | | | |
| ۹. | Full Name (Last, First, Middle Initial) DENNIS M MCLAUGHLIN | | | Date of Receipt | | | |
| | Mailing Address 1205 Sherwood Forest St | reet | | 07 03 7 2007 | | | |
| | City | State | Zip Code | Transaction ID: 20710997 | | | |
| | Houston | TX | 77043-4635 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 800.00 | | | |
| | Core Benefit Sérvices In- | Occupation Insurance | | 7 | | | |
| | C. Receipt For: | | Year-to-Date ▼ | | | | |
| | Primary General | | 800.00 | 1 | | | |
| | Other (specify) ▼ | 0 0 | 800.00 | | | | |
| 3. | Full Name (Last, First, Middle Initial) JASON BEYROUTY | | | Date of Receipt | | | |
| | Mailing Address 1011 Commercial St. NE | 07 03 7 2007 | | | | | |
| | City | State | Zip Code | Transaction ID: 20710998 | | | |
| | Salem | OR | 97308-2045 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 365.00 | | | |
| | Renefit Advisors II C | Occupation Insurance | | 1 | | | |
| | Receipt For: | | Year-to-Date ▼ | 7 | | | |
| | Primary General | | 365.00 | 1 | | | |
| | Other (specify) ▼ | 0 0 | 363.00 | | | | |
| Э. | Full Name (Last, First, Middle Initial) JAMES HOLLOWAY | | | Date of Receipt | | | |
| | Mailing Address 200 Arbor Lake Drive, Su Mail Code AE-205 | ite 200 | | $ \begin{bmatrix} \begin{smallmatrix}M&M&M\\0&7\end{smallmatrix} & \begin{bmatrix} D&D&D\\0&3\end{smallmatrix} & \begin{bmatrix} Y&Y&Y&Y&Y\\2&0&0&7\end{smallmatrix} $ | | | |
| | City | State | Zip Code | Transaction ID: 20710999 | | | |
| | Columbia | SC | 29223-4516 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 365.00 | | | |
| | Blue Choice Héalth Plan | Occupation Marketing | n g Representative | 7 | | | |
| | of SC Receipt For: | | Year-to-Date ▼ | _ | | | |
| | Primary General | | 005.00 | 1 | | | |
| | Other (specify) ▼ | | 365.00 | | | | |
| _ | | | | 1530.00 | | | |
| <u>s</u> | UBTOTAL of Receipts This Page (optional) | | <u> </u> | 1000.00 | | | |

| S | CHEDULE A (FEC Form 3X) | | He a second a selection of the selection | FOR LINE NUMBER: PAGE 12 / 88 |
|----------|---|----------------|--|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| An | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any person | on for the purpose of soliciting contributions |
| 0. | NAME OF COMMITTEE (In Full) | arric aria add | arcas of any political committee to | Solicit contributions from such committee. |
| | National Association of Health Underwri | toro DAC (| LILIBAC) | |
| | National Association of Health Onderwi | leis PAC (| HUPAC) | |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | JOHN P. MAY | | | Date of Receipt |
| | Mailing Address 100 East Campus View | Blvd, Suite | 9 3 | 07 03 2007 |
| | City | State | Zip Code | Transaction ID: 20711001 |
| | Columbus | ОН | 43235 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 500.00 |
| | Name of Employer | Occupation | า | \dashv |
| | May Insurance Services Inc. | Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 500.00 | 1 |
| | Other (specify) | | 500.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) CHARLES Wagner | | | Date of Receipt |
| | Mailing Address PO Box 9 | | | M M / D D / Y Y Y Y |
| | | | | 07 03 2007 |
| | City | State | Zip Code | Transaction ID: 20711002 |
| | Burwell | NE | 68823-0009 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 400.00 |
| | rederal political confinitiee. | | | |
| | Name of Employer Town and Country Insurance | Occupation | | |
| | Agency Inc | President | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | ' ' | 750.00 | |
| | Curici (specify) | 0 0 | 1 1 1 1 1 1 1 1 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | PATSY T. RYAN | | | Date of Receipt |
| | Mailing Address 913 Ridgebrook Rd., # 1 | 00 | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: 20711003 |
| | Sparks Glencoe | MD | 21152 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 215.00 |
| | federal political committee. | C | | 213.00 |
| | Name of Employer | Occupation | <u> </u> | 7 |
| | United Concordia Companies | Regional | Sales Manager | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 365.00 | 1 |
| | Other (specify) | | 000.00 | |
| | | | | |
| 6 | JBTOTAL of Receipts This Page (optional) | | | 1115.00 |
| \vdash | ODITAL OF HOOGIPES THIS Lage (optional) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--------------------------------------|--|--|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ers PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) LARRY E. SANDERS Mailing Address 202 Lincoln Way East, Suite 4 City State | | uite 4 State | Zip Code | Date of Receipt M M |
| | <u>Mishawaka</u> | IN | 46544-2042 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer The Sanders Agency Inc Receipt For: Primary General Other (specify) ▼ | Occupation Insurance Aggregate | | |
| 3. | Full Name (Last, First, Middle Initial) KAREN M. REYNOLDS Mailing Address 4220 B Street | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | 07 03 2007 Transaction ID: 20711005 |
| | Anchorage | AK | 99503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 33000 | 215.00 |
| | Name of Employer Willis of Alaska | | e EBS Consultant | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 215.00 | |
|) . | Full Name (Last, First, Middle Initial) KAREN M. REYNOLDS | | | Date of Receipt |
| | Mailing Address 4220 B Street | | | 07 03 7 2007 |
| | City | State | Zip Code | Transaction ID: 20711006 |
| | Anchorage FEC ID number of contributing federal political committee. | C | 99503 | Amount of Each Receipt this Period |
| | Name of Employer Willis of Alaska | Occupation Associate | n e EBS Consultant | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 515.00 |
| Т | OTAL This Period (last page this line number on | v) | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 14 / 88 |
|---|---------------------------|--|---|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | 13 14 15 16 17 |
| Any information copied from such Reports and Stat or for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| National Association of Health Underwrit | ters PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) A. JOHN J. NELSON | | | Date of Receipt |
| Mailing Address 32110 Agoura Rd | | | 07 03 7 2007 |
| City | State | Zip Code | Transaction ID: 20711007 |
| Westlake Village | CA | 91361-4026 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 416.00 |
| Name of Employer Warner Pacific Insurance Services | Occupation Insurance | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | ' ' | 576.00 | |
| Other (specify) | 0 0 | | |
| Full Name (Last, First, Middle Initial) 3. CHARLES A. NEIMAN | | | Date of Receipt |
| Mailing Address 361 West Market Street | M M / D D / Y Y Y Y | | |
| P.O.Box 3 | State | Zip Code | 0 7 0 3 2 0 0 7 Transaction ID: 20711008 |
| York | PA | 17401-1031 | Amount of Each Receipt this Period |
| FEC ID number of contributing | | | |
| federal political committee. | C | | 150.00 |
| Name of Employer Charles A. Neiman & Compa- | Occupation | | |
| ny Receipt For: | Insurance Aggregate | Year-to-Date ▼ | \dashv |
| Primary General | , igg. ogulo | | 1 |
| Other (specify) | 0 0 | 150.00 | |
| Full Name (Last, First, Middle Initial) CHARLES A. NEIMAN | | | Date of Receipt |
| Mailing Address 361 West Market Street P.O.Box 3 | | | 07 03 7 2007 |
| City | State | Zip Code | Transaction ID: 20711009 |
| York | PA | 17401-1031 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | 215.00 |
| Name of Employer Charles A. Neiman & Compa- | Occupation | | |
| ny Receipt For: | Insurance | e Agent Year-to-Date ▼ | - |
| Primary General | Aggregate | | 1 |
| Other (specify) ▼ | | 365.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 781.00 |
| | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------------|---|---|--|--|
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ers PAC (| HUPAC) | |
| A . | Full Name (Last, First, Middle Initial) Susan McGinnis Mailing Address 8516 East 101st, Suite H City Tulsa FEC ID number of contributing federal political committee. Name of Employer BenEx Insurance Agency Receipt For: Primary General Other (specify) | State OK C Occupation Vice Pres | | Date of Receipt M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z |
| 3. | Full Name (Last, First, Middle Initial) B Calvin Mailing Address PO Box 101422 City Anchorage FEC ID number of contributing federal political committee. Name of Employer Calco Inc. Receipt For: Primary General Other (specify) | State AK C Occupation Insurance Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|) . | Full Name (Last, First, Middle Initial) Michael Kielian Mailing Address PO Box 45279 City Omaha FEC ID number of contributing federal political committee. Name of Employer The Harry A. Koch Company Receipt For: Primary General Other (specify) | State NE C Occupation Insurance Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| S | UBTOTAL of Receipts This Page (optional) | | _ | 200.00 |
| Т | OTAL This Period (last page this line number on | v) | > | |

| COLLEDIN E A (EEO Form OV) | | Γ | | FOR LINE NUMBER: PAGE 16 / 88 |
|----------------------------|---|----------------------------|---|---|
| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | or each category of the | | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | |
| _ | | | | 13 14 15 16 17 |
| An or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any person ress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwri | ters PAC (I | HUPAC) | |
| A. | Full Name (Last, First, Middle Initial) Terry Ives | | | Date of Receipt |
| | Mailing Address P O Box 3459 | | | 07 02 7 2007 |
| | City | State | Zip Code | Transaction ID: 21071628 |
| | San Clemente | CA | 92674-3459 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Executive Financial Advis- ors Inc. | Occupation Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 010.00 | 1 |
| | Other (specify) | | 210.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) David Fear | | | Date of Receipt |
| | Mailing Address 11160 Sun Center Drive | M M / D D / Y Y Y Y | | |
| | | 07 02 2007 | | |
| | City | State | Zip Code | Transaction ID: 21071632 |
| | Rancho Cordova | CA | 95670-6121 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer | Occupation | 1 | _ |
| | Name of Employer CIMS Strategic Distributi- on Division | | of Strategic Distribution | |
| | Receipt For: | 1 | Year-to-Date ▼ | |
| | Primary General | 1 999 | | 1 |
| | Other (specify) | | 955.00 | |
| | | | | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) Eugene Rowe | | | Date of Receipt |
| | Mailing Address 16000 Ventura Blvd, Sui | ite 1103 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21071633 |
| | Encino | CA | 91436-2767 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 | 30.00 |
| | Name of Employer | Occupation | 1 | \dashv |
| | R & R Insurance and Retir- | Insurance | | |
| | ement Service Receipt For: | | Year-to-Date ▼ | |
| | Primary General | Aygregate | ו המו ינט־טמוכ ▼ | , |
| | Other (specify) | | 210.00 | |
| | Strict (Specify) \ | | 1 1 1 1 1 1 1 | 1 |
| | | | | |
| | | | | 145.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | 170.00 |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 17 / 88 (check only one) |
|--|--|---|---|
| ITEMIZED RECEIP | TS | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| Any information copied from sor for commercial purposes. | such Reports and Statements may other than using the name and add | not be sold or used by any persolress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE | | | |
| National Association of | of Health Underwriters PAC (| HUPAC) | |
| Full Name (Last, First, Mic A. Janet Trautwein-Stokes | ddle Initial) | | Date of Receipt |
| Mailing Address 2000 | N 14th Street | | 07 02 7 2007 |
| City | State | Zip Code | Transaction ID: 21071634 |
| Arlington | VA | 22201 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | | | 85.00 |
| Name of Employer NAHU | Occupation Executive | vP, CEO | |
| Receipt For: | | Year-to-Date ▼ | |
| Primary Ge Other (specify) ▼ | eneral | 595.00 | |
| Full Name (Last, First, Mic 3. Elizabeth Rios-Carl | ddle Initial) | | Date of Receipt |
| Mailing Address 124 W | est Castellano Drive, Suite 2 | 07 02 YYYY 2007 | |
| City | State | Zip Code | Transaction ID: 21071635 |
| El Paso | TX | 79912-6139 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | | | 30.00 |
| Name of Employer Goodman Financial Group | Occupation VP - Emp | n Dloyee Benefits | |
| Receipt For: | | Year-to-Date ▼ | |
| Primary Ge Other (specify) ▼ | eneral | 210.00 | |
| Full Name (Last, First, Mic C. Thomas Evans | ddle Initial) | | Date of Receipt |
| Mailing Address 7261 N | Mercy Rd. | | 07 02 7 2007 |
| City | State | Zip Code | Transaction ID: 21071637 |
| <u>Omaha</u> | NE | 68164-9684 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | | | 85.00 |
| Name of Employer BlueCross Blue Shield of | Occupation | | |
| Nebraska Receipt For: | Insurance | e Agent Year-to-Date ▼ | _ |
| | eneral | 505.00 | |
| SUBTOTAL of Receipts Thi | s Page (optional) | | 200.00 |
| | | | - |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 18 / 88 | | |
|--------------------------|---|--------------------------|---|---|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | |
| •• | LIMIZED RECENT 10 | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | , |
| ۸۰ | winformation against from such Departs and St | otomonto mo | , not be cold or used by any norse | | _ |
| or | y information copied from such Reports and St for commercial purposes, other than using the | name and add | frict be sold of used by any perso dress of any political committee to | solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) | | _ | | |
| \rangle | National Association of Health Underwi | riters PAC (| HUPAC) | | |
| Α. | Full Name (Last, First, Middle Initial) David Berman | | | Date of Receipt | |
| | Mailing Address 6510 N. Shadeland Ave | | 7: 0 1 | 07 02 7 2007 | |
| | City | State | Zip Code | Transaction ID: 21071639 | |
| | Indianapolis | IN | 46220 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 60.00 | |
| | Name of Employer Neace Lukens Holding Company Inc. | Occupation Insurance | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 420.00 | | |
| | Other (specify) | 0 0 | *************************************** | | |
| В. | | | | Date of Receipt | |
| | Mailing Address 7606 University Avenue | 07 02 7 2007 | | | |
| | City | State | Zip Code | Transaction ID: 21071640 | |
| | Lubbock | <u>TX</u> | 79423-2128 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | |
| | Name of Employer Ashmore Agency Inc | Occupation | ı | 7 | |
| | | Insurance | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 850.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Timothy Hendricks | | | Date of Receipt | |
| | Mailing Address 1605 S Eucalyptus Ave | l | | 0 7 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | State | Zip Code | Transaction ID: 21071641 | |
| | Broken Arrow | OK | 74012-5906 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | |
| | Name of Employer Business Planning Group Of OK | Occupation Insurance | | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | | 700.00 | | |
| | Other (specify) | 0 0 | 700.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 260.00 | |
| \vdash | | | <u> </u> | | |
| T | OTAL This Period (last page this line number of | only) | > | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 19/88 | |
|--------------------------|---|--------------------------|---|----------------------------|---|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | 1 D | |
| •• | EMIZED REGEN 10 | | Detailed Summary Page | X 11a 11b 13 14 | 11c 12 15 16 17 |
| ۸۰ | w information conicd from such Bonorts and St | ntomonto mo | , not be cold or used by any perce | | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the r | name and add | frict be sold of used by any perso dress of any political committee to | solicit contributions from | such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | National Association of Health Underwr | HUPAC) | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| A. Mary Kramer | | | | Date of Receipt | |
| | Mailing Address 2637 South 158th Plaza | a, Suite 200 | | 07 02 | 2007 |
| | City | State | Zip Code | Transaction ID: 21 | |
| | Omaha | NE | 68130-1769 | Amount of Each Re | |
| | FEC ID number of contributing federal political committee. | С | | 0 0 0 | 40.00 |
| | rederal political committee. | | | | |
| | Name of Employer Holmes Murphy and Associa- | Occupation | | | |
| | tes Inc. | Vice Pres | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | , | |
| | Other (specify) | | 280.00 | | |
| | | 0 0 | | 1 | |
| R | Full Name (Last, First, Middle Initial) Robert Grundman | | | Date of Receipt | |
| | Mailing Address 7412 Karl Drive | | | M M / D D | / Y |
| | | | 07 02 | 2007 | |
| | City State | | Zip Code | Transaction ID: 21 | 071646 |
| | Lincoln | NE | 68516-4368 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 |
| | Name of Employer Senior Benefit Strategies | Occupation | ı | | |
| | - <u> </u> | Insurance | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) | , , | 310.00 | | |
| | | 0 0 | 0 0 0 0 0 0 0 | | |
| C. | Full Name (Last, First, Middle Initial) STEPHEN SALAMON | | | Date of Receipt | |
| | Mailing Address PO Box 4252 | | | 07 02 | 2007 |
| | City | State | Zip Code | Transaction ID: 21 | |
| | Timonium | MD | 21094-4252 | Amount of Each Re | |
| | FEC ID number of contributing | | | 7 modilit di Eddili ila | |
| | federal political committee. | C | | | 10.00 |
| | Name of Employer Heritage Financial Consul- | Occupation | | | |
| | tants LLC | Insurance | - | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) | ' ' | 290.00 | | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | l l | |
| Г | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | |) | | 80.00 |
| \vdash | | | • | - | |
| T | OTAL This Period (last page this line number of | | | | |

| SI | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 20 / 88 |
|-------------|---|-----------------------------|---|---|
| - | | | Use separate schedule(s) or each category of the | (check only one) |
| П | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | <u> </u> | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | itements may ame and add | not be sold or used by any pers ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwri | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) Linda Erlencach | | | Date of Receipt |
| | Mailing Address 151 Belcourt Lane | | | 07 02 7 2007 |
| | City | State | Zip Code | Transaction ID: 21071655 |
| | <u>Aurora</u> OH | | 44202-8438 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer L.M. Erlenbach Inc. | Occupation Benefits (| n Consultant | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 310.00 | 7 |
| | Other (specify) ▼ | 0 0 | 310.00 | |
| D | Full Name (Last, First, Middle Initial) RODNEY STUART | | | Date of Receipt |
| Ь. | Mailing Address 9755 Randall Dr., # 101 | M M / D D / Y Y Y Y | | |
| | Walling Address 9755 Haridan Dr., # 101 | 07 02 2007 | | |
| | City | State | Zip Code | Transaction ID: 21071664 |
| | Indianapolis | IN | 46280 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer Benefit Innovations LLP | Occupation Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 850.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) C.L. Westmoreland | | | Date of Receipt |
| | Mailing Address PO Box 925 | | | 0 7 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21071666 |
| | Jackson | MS | 39205-0925 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer American Public Life Insu- rance Company | Occupation Director of | n of Agency Development | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 210.00 | |
| | LIDTOTAL of Descripts This Days (1975) | | | 110.00 |
| լ s | UBTOTAL of Receipts This Page (optional) | | | |
| T | OTAL This Period (last page this line number or | | | |

| C | | | | FOR LINE NUMBER: PAGE 21 / 88 |
|-------------|---|--|--|--|
| 5 | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | | (check only one) |
| IT | EMIZED RECEIPTS | or each category of the Detailed Summary Page | | X 11a 11b 11c 12 |
| | | | | |
| _ | | | | |
| or | ny information copied from such Reports and St for commercial purposes, other than using the | atements may name and ado | r not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwi | riters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) Jackie Spragins | | | Date of Receipt |
| | Mailing Address PO Box 2073 | | | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071669 |
| | Wichita Falls | TX | 76307-2073 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Spragins Insurance Agency | Occupation Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 010.00 | 1 |
| | Other (specify) | | 210.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) William Robinson | | | Date of Receipt |
| | Mailing Address 100 S. Sunrise Way, Pl | M M / D D / Y Y Y Y | | |
| | | | | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071670 |
| | Palm Springs | CA | 92262 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 85.00 |
| | | | | _ |
| | Name of Employer Palm Canyon Insurance Age- | Occupation | | |
| | ncy | Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 570.00 | 1 |
| | Other (specify) | | 370.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Bruce Gardner | | | Date of Receipt |
| | Mailing Address 1502 West Avenue | | | M M / D D / Y Y Y Y |
| | | | | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071671 |
| | Austin | TX | 78701-1561 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | Name of Employer | Occupation | 1 | ┪ |
| | Bruce Gardner Insurance & Investments | | ed Representative | |
| | Receipt For: | | Year-to-Date ▼ | 7 |
| | Primary General | 39 9.4.0 | | 1 |
| | Other (specify) ▼ | | 560.00 | |
| | | 0 0 | 0 0 0 0 0 0 0 | 4 |
| | | | | |
| 1. | | | | 195.00 |
| Ls | UBTOTAL of Receipts This Page (optional) | ····· | ······ | 100.00 |
| | | | | _ |

| S | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 22 / 88 |
|-------------|--|-------------------------|---|--|
| • | | | Use separate schedule(s) or each category of the | (check only one) |
| IT | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | Detailed Summary Fage | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and Sta | atements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the r | name and add | lress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwr | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) George Condos | | | Date of Receipt |
| | Mailing Address 7881 West Charleston I | Blvd. #140 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21071672 |
| | Las Vegas | NV | 89117 | Amount of Each Receipt this Period |
| | • | 111 | 33117 | Amount of Each receipt this renou |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Leavitt Insurance Agency | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) | | 210.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) Dennis Recker | | | Date of Receipt |
| | Mailing Address 971 North Perry Street | | | M M / D D / Y Y Y Y |
| | 20 | | 7. 0. | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071673 |
| | Ottawa | OH | 45875-1218 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 30.00 |
| | federal political committee. | | | |
| | Name of Employer Fawcett Lammon Recker | Occupation | 1 | |
| | Eawcett Lammon Recker & Associates | Registere | ed Representative | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 1 1 | 210.00 | 1 |
| | Other (specify) | 0 0 | 210.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | Larry Kaczmarek | | | Date of Receipt |
| | Mailing Address 2633 State Route 59, S | uite B | | 07 02 7 2007 |
| | City | State | Zip Code | Transaction ID: 21071674 |
| | Ravenna | OH | 44266-1684 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 100.00 |
| | Name of Employer | Occupation | า | \dashv |
| | Name of Employer Kaczmarek Insurance Servi- | Insurance | | |
| | ces Inc. Receipt For: | | Year-to-Date ▼ | _ |
| | Primary General | 55. 55410 | | 1 |
| | Other (specify) ▼ | | 700.00 | |
| | | | | 1 |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 160.00 |
| \vdash | | | | |

| SCHEDULE A (FEC Form 3X) | | | Llea caparata cabadula(c) | FOR LINE NUMBER: PAGE 23 / 88 | |
|--------------------------|---|--|------------------------------------|--|--|
| ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the | | (check only one) | |
| ••• | LIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | |
| _ | | | | 13 14 15 16 17 | |
| Ar or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | ress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) | | | | |
| | National Association of Health Underwrit | ters PAC (I | HUPAC) | | |
| A. | Full Name (Last, First, Middle Initial) Eugene Ebersole | | | Date of Receipt | |
| | Mailing Address PO Box 2886 | | | 07 02 2007 | |
| | City | State | Zip Code | Transaction ID: 21071676 | |
| | Gretna | LA | 70054-2886 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 85.00 | |
| | Name of Employer Ebersole & Associates In- | Occupation Insurance | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 695.00 | 1 | |
| | Other (specify) ▼ | 0 0 | 093.00 | | |
| В. | Full Name (Last, First, Middle Initial) Russell Childers | | | Date of Receipt | |
| | Mailing Address PO Box 1547 | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| | City | State | Zip Code | Transaction ID: 21071677 | |
| | Americus | GA | 31709-1547 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | С | | 30.00 | |
| | Name of Employer Russ Childers CLU | Occupation Insurance | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 0 0 | 310.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Virginia D. Safford | | | Date of Receipt | |
| | Mailing Address 5753 North River Road | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | State | Zip Code | Transaction ID: 21071680 | |
| | Waterville | OH | 43566-9765 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | |
| | Name of Employer Group Health Benefits | Occupation Insurance | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | · · · | 310.00 | 1 | |
| | | 0 0 | 0 0 0 0 0 0 0 | 1 | |
| s | UBTOTAL of Receipts This Page (optional) | | ······· | 145.00 | |
| | | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|--------------------------------------|--|--|
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (I | HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) Richard Hill | | | Date of Receipt |
| | Mailing Address 4435 O Street P.O. Box 30275 | | | 07 02 7 2007 |
| | City Lincoln | State NE | Zip Code 68510-1842 | Transaction ID: 21071683 |
| | FEC ID number of contributing federal political committee. | C | 00010-1042 | Amount of Each Receipt this Period 60.00 |
| | Name of Employer UNICO Financial Services Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Insurance Aggregate | | |
| 3. | Full Name (Last, First, Middle Initial) Donna Hill Mailing Address PO Box 724 | | | Date of Receipt M |
| | City Snellville | State GA | Zip Code 30078-0724 | Transaction ID: 21071685 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 30070 0724 | 125.00 |
| | Name of Employer DDH Associates LLC | Occupation Health Ins | surance Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 625.00 | |
|). | Full Name (Last, First, Middle Initial) Suzanne Johnson | | | Date of Receipt |
| Mailing Address 6235 Morrison Boulevard, Suite | | , Suite 30 | 2 | 07 02 7 2007 |
| | City Charlotte | State NC | Zip Code 28211-3508 | Transaction ID: 21071689 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 20211 0000 | 40.00 |
| | Name of Employer Strategic Employee Benefit Services | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 280.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 225.00 |
| | | | | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 25 / 88 |
|-------------|--|----------------------------|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| ••• | LIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | ly information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | r not be sold or used by any personal ress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwri | ters PAC (| HUPAC) | |
| A. | Full Name (Last, First, Middle Initial) John Parker | | | Date of Receipt |
| | Mailing Address 47 Laurel Hill Drive | | = 0 | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071692 |
| | Niantic | СТ | 06357-1536 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 90.00 |
| | Name of Employer Parker Agency | Occupation Principal | 1 | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 730.00 | 1 |
| | Other (specify) | 0 0 | 730.00 | |
| В. | Full Name (Last, First, Middle Initial) | | | Data of Bassint |
| Ь. | Kathryn Anderson Mailing Address P. O. Box 7648 | | | Date of Receipt |
| | Walling Address F. O. Box 7040 | | | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071693 |
| | Tyler | TX | 75711-7648 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | Name of Employer Strategies In Employee Be- | Occupation | 1 | 7 |
| | nefits Inc. | Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | ' ' | 560.00 | |
| | Other (specify) | 0 0 | | |
| C. | Full Name (Last, First, Middle Initial) Kelly Fristoe | | | Date of Receipt |
| | Mailing Address 807 8th Street, Suite 300 P.O. Box 4789 |) | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21071698 |
| | Wichita Falls | TX | 76308-0789 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Financial Partners | Occupation Insurance | | 7 |
| | Receipt For: | 1 | Year-to-Date ▼ | |
| | Primary General | | 210.00 | 1 |
| | Other (specify) ▼ | | 310.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 200.00 |
| \vdash | o | | | - |
| Ιт | OTAL This Period (last page this line number or | nlv) | | |

| S | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 26 / 88 |
|-------------|---|--------------|--|--|
| | · · · · · · · · · · · · · · · · · · · | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and Sta | atements may | not be sold or used by any perso | |
| or | for commercial purposes, other than using the r | name and add | lress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | National Association of Health Underwr | iters PAC (| HLIPAC) | |
| | Transfer Adocoration of Floatin Chaofwi | 1010 1 710 (| 11017(0) | |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | , | | | Date of Receipt |
| | Mailing Address 10342 South Springcres | st Lane | | M M / D D / Y Y Y Y |
| | | | | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071699 |
| | South Jordan | UT | 84095-4538 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 20.00 |
| | federal political committee. | C | | 30.00 |
| | | | | |
| | Name of Employer Ryan P. Thorn Insurance | Occupation | | |
| | Planning Inc. | Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 460.00 | |
| | Other (specify) | | +00.00 | |
| _ | | | | |
| ь | Full Name (Last, First, Middle Initial) | | | Date of Baselot |
| В. | | | | Date of Receipt |
| | Mailing Address PO Box 1006 | | | 07 02 2007 |
| | City | State | Zip Code | |
| | • | | • | Transaction ID: 21071701 |
| | Burlington | NC | 27216-1006 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 85.00 |
| | federal political committee. | | | |
| | Name of Employer David R. Moore CLU & Ass- | Occupation | 1 | |
| | David R. Moore CLU & Ass- ociates | Insurance | e Agent | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 111 | | 1 |
| | Other (specify) ▼ | 1 | 695.00 | |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | Julia A. Jennings | | | Date of Receipt |
| | Mailing Address 500 Faunce Corner Rd | | | M M / D D / Y Y Y Y |
| | Bldg 100, Suite 120 | | | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071703 |
| | <u>Dartmouth</u> | MA | 02747-1278 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 30.00 |
| | federal political committee. | | | 00.00 |
| | Name of Employer | Occupation | , | _ |
| | Name of Employer Sylvia & Co. Ins. Agency | Insurance | | |
| | Inc. Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | Aggregate | Total to Date y | 1 |
| | Other (specify) | | 210.00 | |
| | | | | 1 |
| | I | | | |
| | IIPTOTAL of Descripts This Dags (antistral) | | _ | 145.00 |
| hill | UBTOTAL of Receipts This Page (optional) | | ······ | |

| 91 | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 27/88 |
|-------------|---|--|-------------------------------------|--|
| | · | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | or each category of the Detailed Summary Page | | X 11a 11b 11c 12 |
| | | | Detailed Summary Fage | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| CI | | arrie ariu auc | iless of any political committee to | Solicit Contributions from Such Continuitee. |
| $ \rangle$ | NAME OF COMMITTEE (In Full) National Association of Health Underwri | iters PAC (| HUPAC) | |
| \angle | Tradional Accordance of Floatin Chackwin | | | |
| A. | Full Name (Last, First, Middle Initial) Michael E. Carmean | | | Date of Receipt |
| | Mailing Address PO Box 7367 | 07 02 7 2007 | | |
| | 2300 Whittlesey Rd Suit | e A State | Zip Code | Transaction ID: 21071704 |
| | Columbus | GA | 31908-7367 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Paragon Marketing | | sident, Group Sales & Marke | in the second se |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | 0 0 | 966.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | Thelma Kaczmarek | | | Date of Receipt |
| | Mailing Address 2633 State Route 59, Su P O Box 345 | uite B | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: 21071708 |
| | Ravenna | OH | 44266 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Kaczmarek Ins. Services | Occupation | | |
| | Agency Inc. | Insurance | e Agent • Year-to-Date ▼ | _ |
| | Receipt For: Primary General | Aggregate | rear-to-Date ▼ | |
| | Other (specify) ▼ | 0 0 | 700.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Wesley Moore, III | | | Date of Receipt |
| | Mailing Address P O Box 604 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21071711 |
| | Darlington | SC | 29540-0604 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer W P Moore Agency | Occupation President | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 800.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 300.00 |
| \vdash | , | | | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 28 / 88 | | |
|----------|---|--|--------------------------|---|--|--|
| | EMIZED RECEIPTS | or each category of the | | (check only one) | | |
| ••• | LIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | · · · · · · · · · · · · · · · · · · · | | | 13 14 15 16 17 | | |
| or | ny information copied from such Reports and Sta for commercial purposes, other than using the na | solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| | National Association of Health Underwri | ters PAC (| HUPAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) Suzy Alberts | | | Date of Receipt | | |
| | Mailing Address 20700 Civic Center Drive Ste 250 | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | |
| | City | State | Zip Code | Transaction ID: 21071731 | | |
| | Southfield | MI | 48076 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer Comerica Insurance Servic- | Occupation Insurance | | | | |
| | es Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | | | 1 | | |
| | Other (specify) ▼ | 0 0 | 210.00 | | | |
| В. | Full Name (Last, First, Middle Initial) Stephanie M. Denz | | | Date of Receipt | | |
| | Mailing Address 5000 US Hwy 17, 18#31 | 4 | | 07 02 YYYY 2007 | | |
| | City | State | Zip Code | Transaction ID: 21071742 | | |
| | Jacksonville | FL | 32003 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer BenefitPort Southeast | Occupation Field Sale | n es Representative | | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | | 000.00 | 1 | | |
| | Other (specify) | 0 0 | 290.00 | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Mark A. Schlange | | | Date of Receipt | | |
| | Mailing Address P. O. Box 700 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: 21071744 | | |
| | Bellevue | NE | 68005-0700 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer The Benefit Consultant Gr- | Occupation Agent | 1 | | | |
| | oup Inc. Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | 33 - 3 - 10 | | 1 | | |
| | Other (specify) ▼ | | 210.00 | | | |
| S | UBTOTAL of Receipts This Page (optional) | | | 90.00 | | |
| 1 | | | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 88 (check only one) |
|----|---|-------------------------|---|--|
| Ar | ny information copied from such Reports and State for commercial purposes, other than using the nan | ments may | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | | | |
| Α. | Full Name (Last, First, Middle Initial) Gloria D. Hopper Mailing Address 6400 Fairview Road | | | Date of Receipt |
| | City | State | Zip Code | 07 02 2007 Transaction ID: 21071745 |
| | Charlotte | NC | 28210-3237 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 40.00 |
| | Wachovia Insurance Services Inc. | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 280.00 | |
| В. | Full Name (Last, First, Middle Initial) Cynthia Doucet | | | Date of Receipt |
| | Mailing Address P. O. Box 91180 | | | 07 02 7 2007 |
| | City | State | Zip Code | Transaction ID: 21071747 |
| | Lafayette | LA | 70509-1180 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Global Financial Resources Inc. | Occupation Insurance | e Agent | |
| | | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 210.00 | |
| C. | Full Name (Last, First, Middle Initial) Joseph Roberts | | | Date of Receipt |
| | Mailing Address 7101 S. 82nd St., #B | 0 | 7: 0.1 | 07 02 2007 |
| | City Lincoln | State NE | Zip Code 68516-6574 | Transaction ID: 21071748 |
| | | INE | 00010-0074 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Midlands Financial Benefits | | ed Representative | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 800.00 | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 170.00 |
| Т | OTAL This Period (last page this line number only | ·) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------------|---|---|--|---|
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the national states. | ements may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (| HUPAC) | |
| Α. | LINICO Financial Services | State NE C Occupation Insurance Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. | SafeGuard Health Enterpri- | State TX C C Coccupation Insurance | e Agent Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21071757 Amount of Each Receipt this Period 85.00 |
| 3. | Full Name (Last, First, Middle Initial) Daniel Tompkins, III Mailing Address PO Box 1810 800 Old Roswell Lakes Pl City Roswell FEC ID number of contributing federal political committee. Name of Employer Admin America Receipt For: Primary General Other (specify) | State GA C Occupation Insurance | Zip Code 30077-1810 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| s | UBTOTAL of Receipts This Page (optional) | | | 175.00 |
| T | OTAL This Period (last page this line number only | v) | > | |

SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) | | | Llea concrete cohedula(a) | FOR LINE NUMBER: | PAGE 31/88 |
|--------------------------|--|---------------------------|--|-------------------------------|------------------|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) | |
| | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b | 11c 12 |
| ۸ | winformation conind from such Departs and Chat | omonto ma | , not be cold or used by environment | n for the purpose of coliciti | 15 16 17 |
| or | ly information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | rnot be sold or used by any perso dress of any political committee to | solicit contributions from s | uch committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | National Association of Health Underwrit | ers PAC (| HUPAC) | | |
| ۹. | Full Name (Last, First, Middle Initial) Alan Schulman | | | Date of Receipt | |
| | Mailing Address 2003 Little Haven Court | | | 07 02 | 2007 |
| | City | State | Zip Code | Transaction ID: 210 | |
| | Olney | MD | 20832-1634 | Amount of Each Rec | eipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 30.00 |
| | Name of Employer Insurance Benefits & Advi- sors | Occupation Insurance | | | |
| | Receipt For: | | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 220.00 | | |
| 3. | Full Name (Last, First, Middle Initial) Virginia Ashton | | | Date of Receipt | |
| | Mailing Address 1900 Electric Road | | M M / D D D D D D D D D D D D D D D D D | 2007 | |
| | City | State | Zip Code | Transaction ID: 210 | |
| | Salem | VA | 24153-7474 | Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 |
| | Name of Employer Lewis-Gale Medical Center | Occupation Director of | n of Provider Relations | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 0 0 | 210.00 | | |
| D. | Full Name (Last, First, Middle Initial) Joshua Nace | | | Date of Receipt | |
| | Mailing Address 936 North 34th Street, St | uite 208 | | 07 02 | 2007 |
| | City | State | Zip Code | Transaction ID: 210 | 071773 |
| | Seattle | WA | 98103-8869 | Amount of Each Rec | eipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 |
| | Name of Employer Dental Health Services Inc. | Occupation Vice Pres | n sident Sales & Service | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 1 1 | 210.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 90.00 |
| | | | • | - | |
| T | OTAL This Period (last page this line number on | ly) | > | | |

| SCHEDULE A (FEC Fo | orm 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 32 / 88 (check only one) |
|--|--|---|---|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such R or for commercial purposes, other the | leports and Statements may nan using the name and add | not be sold or used by any persitress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full National Association of Hea | <i>'</i> | HUPAC) | |
| Full Name (Last, First, Middle Ini Lisa Wetherton | itial) | | Date of Receipt |
| Mailing Address 4180 Provide Suite 200 | dence Rd | | 07 02 7 2007 |
| City <u>Dahlonega</u> | State GA | Zip Code 30533 | Transaction ID: 21071777 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 20.00 |
| Name of Employer Benefit Designs | Occupation Insurance | e Agent | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 265.00 | |
| Full Name (Last, First, Middle Ini 3. Marilyn Van Sant | itial) | | Date of Receipt |
| Mailing Address 268 South S | Street | | 07 02 YYYY 2007 |
| City Morristown | State NJ | Zip Code 07960 | Transaction ID: 21071778 |
| FEC ID number of contributing federal political committee. | C | 07960 | Amount of Each Receipt this Period 85.00 |
| Name of Employer NAS Financial Services | Occupation Insurance | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | Year-to-Date ▼ 695.00 | |
| Full Name (Last, First, Middle Ini James S. Garbina | itial) | | Date of Receipt |
| Mailing Address 11949 Q Str | reet | | 07 02 YYYY 2007 |
| City Omaha | State NE | Zip Code 68137-3595 | Transaction ID: 21071782 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Harry A. Koch Co. | Occupation Insurance | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 595.00 | |
| SUBTOTAL of Receipts This Page | e (optional) | | 190.00 |
| | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 33 / 88 |
|--------------------------|--|---|------------------------------|------------------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and Stat for commercial purposes, other than using the na | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwrit | ters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) Charles Lineberger | | | Date of Receipt |
| | Mailing Address 1536-A Union Rd | 07 02 7 2007 | | |
| | City | State | Zip Code | Transaction ID: 21071784 |
| | Gastonia | NC | 28054-2204 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Benefit Partners Inc. | Occupation President | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 0 0 | 210.00 | |
| В. | Full Name (Last, First, Middle Initial) Catherine Ficara | | | Date of Receipt |
| | Mailing Address 26999 Central Park Blvd | 07 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: 21071785 |
| | Southfield | MI | 48076-4174 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Austin Financial Group LL- CUnited Receipt For: Primary General Other (specify) | | surance Agent Year-to-Date ▼ | _ _ 1 |
| | | 0 0 | 0 0 0 0 0 0 0 0 | |
| C. | Full Name (Last, First, Middle Initial) Steven J. Sinkler | | | Date of Receipt |
| • | Mailing Address 4320 114th St. | | | 07 02 YYYYY 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071787 |
| | <u>Urbandale</u> | IA | 50322-5408 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Comprehensive Benefits Ag- ency | Occupation Vice Pres | n sident of Sales | 7 |
| | Receipt For: | Aggregate | Year-to-Date ▼ | 7 |
| | Primary General Other (specify) ▼ | | 210.00 |] |
| [e | UBTOTAL of Receipts This Page (optional) | | | 90.00 |
| \vdash | ODIVIAL OF NECERPLS THIS Page (Optional) | | | |

SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 34 / 88 |
|--------------------------|---|--|--|--|
| | | Use separate schedule(s) or each category of the | | (check only one) |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any persol dress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \geq | National Association of Health Underwr | iters PAC (| HUPAC) | |
| A. | Full Name (Last, First, Middle Initial) Marylou Hudman | | | Date of Receipt |
| | Mailing Address 5330 Bent Tree Forest I | Orive, Suite | | 07 02 7 2007 |
| | City | State | Zip Code | Transaction ID: 21071789 |
| | Dallas | <u>TX</u> | 75248-3471 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer A Benefit Source | Occupation Insurance | | |
| | Receipt For: | - | Year-to-Date ▼ | |
| | Primary General | | | 7 |
| | Other (specify) ▼ | 0 0 | 350.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | William BUDDY Anderson | 0 1. 070 | | Date of Receipt |
| | Mailing Address 498 Palm Springs Drive | $\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 7 & & 0 & 2 & & 2 & 0 & 0 & 7 \end{bmatrix}$ | | |
| | City | State | Zip Code | Transaction ID: 21071792 |
| | Altamonte Springs | FL | 32701-7805 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 30.00 |
| | Name of Employer | Occupation | า | _ |
| | Benefit Port | | Representative | |
| | Receipt For: | <u> </u> | Year-to-Date ▼ | |
| | Primary General | | 210.00 | 1 |
| | Other (specify) | 0 0 | 210.00 | |
| C. | Full Name (Last, First, Middle Initial) Michael Norris | | | Date of Receipt |
| | Mailing Address PO Box 999 295 E Palmer Street | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21071795 |
| | <u>Franklin</u> | NC | 28744-0999 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 20.00 |
| | federal political committee. | C | | 30.00 |
| | Name of Employer Wayah Insurance Agency | Occupation Account I | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 040.00 | 1 |
| | Other (specify) | 0 0 | 210.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 110.00 |
| \vdash | | | | - |
| | OTAL This Period (last page this line number o | nly) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------|---|--------------------------------------|---|--|
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (I | HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) CHARLES Wagner | | | Date of Receipt |
| | Mailing Address PO Box 9 | | | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071804 |
| | Burwell FEC ID number of contributing federal political committee. | NE C | 68823-0009 | Amount of Each Receipt this Period 50.00 |
| | Town and Country Incurance | Occupation President Aggregate | | |
| 3. | Full Name (Last, First, Middle Initial) Jennifer Toups Mailing Address PO Box 113113 | | | Date of Receipt 0 7 0 2 2 0 0 7 |
| | City Metairie | State LA | Zip Code 70011-3113 | Transaction ID: 21071806 |
| | FEC ID number of contributing federal political committee. | C | 70011-5113 | Amount of Each Receipt this Period 30.00 |
| | Rusiness Insuránce Group | Occupation Director o | n of Marketing | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 210.00 | |
| - C. | Full Name (Last, First, Middle Initial) James F. Summers | | | Date of Receipt |
| | Mailing Address 8420 West Dodge Road, | Suite 510 | | 07 02 7 2007 |
| | City Omaha | State NE | Zip Code 68114-3432 | Transaction ID: 21071810 |
| | FEC ID number of contributing federal political committee. | C | 00114-0402 | Amount of Each Receipt this Period 125.00 |
| | Name of Employer Senior Market Sales Inc. | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 850.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 205.00 |
| | | | | |

SCHEDULE A (FEC Form 3X)

PAGE 36 / 88 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) Date of Receipt Susan R. Pittman Mailing Address 32418 51st Avenue, SW 07 2007 02 City Zip Code State Transaction ID: 21071827 Federal Way WA 98023-1936 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer Insure NW Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ Receipt For: Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Vernon Date of Receipt Mailing Address PO Box 18251 02 2007 City Zip Code State Transaction ID: 21071838 Roanoke V٨ 24014-3004 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer DRR Consulting Inc Occupation President Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) C. Victoria Major-Bell Date of Receipt Mailing Address P O Box 540034 2007 07 02 Citv State Zip Code Transaction ID: 21071847 Lake Worth FI 33454-0034 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer VMB Solutions Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-------------|---|---|--|---|
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | / not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| \setminus | NAME OF COMMITTEE (In Full) National Association of Health Underwri | ters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) David Perry | | | Date of Receipt |
| | Mailing Address 1634 Ryan Street | | | 07 02 7 2007 |
| | City <u>Lake Charles</u> | State LA | Zip Code 70601-5949 | Transaction ID: 21071857 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer The Perry Agency Inc. | Occupation President | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 410.00 | |
| В. | Full Name (Last, First, Middle Initial) R Jensen | | | Date of Receipt |
| | Mailing Address 6060 South Kenton Way | 0 7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: 21071872 |
| | Englewood FEC ID number of contributing federal political committee. | CO | 80111 | Amount of Each Receipt this Period 30.00 |
| | Name of Employer Self Employed | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 210.00 | |
| C . | Full Name (Last, First, Middle Initial) Kenneth Sherlin Mailing Address P. O. Box 1550 | | | Date of Receipt |
| | | | | 07 02 2007 |
| | City Asheville | State NC | Zip Code 28801-1550 | Transaction ID: 21071874 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 200011000 | 30.00 |
| | Name of Employer Benefit Design Group | Occupation Marketing | g Partner | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 210.00 | |
| | IIRTOTAL of Receipts This Page (optional) | | | 90.00 |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 38 / 88 |
|--------------------------|---|----------------------|---|---|
| • | | | Use separate schedule(s) or each category of the | (check only one) |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | National Association of Health Underwr | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) John G. Prue | | | Date of Receipt |
| | Mailing Address 7311 West 132nd Stree | t, Suite 200 |) | $\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$ |
| | City | State | Zip Code | Transaction ID: 21071877 |
| | Shawnee Mission | KS | 66213 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 85.00 |
| | Name of Employer Humana Inc. | Occupation Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1 1 | | 1 |
| | Other (specify) ▼ | | 595.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) Lisa IIIs | | | Date of Receipt |
| | Mailing Address 4455 East Camelback F | Road, Suite | D2 | M M / D D / Y Y Y Y |
| | | | | 07 02 2007 |
| | City | State | Zip Code | Transaction ID: 21071900 |
| | Phoenix | AZ | 85018-2865 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 35.00 |
| | federal political committee. | 0 | | |
| | Name of Employer | Occupation | 1 | |
| | Glass Financial Group | Employee | e Benefit Consultant | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 1 1 | 055.00 | 1 |
| | Other (specify) | | 355.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | + |
| C. | Leah-Anne Janway | | | Date of Receipt |
| | Mailing Address 211 North Robinson Avenue | | | $\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$ |
| | One Leadership Square | State | Zip Code | Transaction ID: 21071901 |
| | Oklahoma City | OK | 73102-7109 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | | | 30.00 |
| | Name of Employer | Occupation | 1 | 7 |
| | Berryhill Insurance Agency Inc. | Insurance | e Agent | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 170.00 | 1 |
| | Other (specify) ▼ | | 170.00 | |
| _ | | | | |
| | | | | 150.00 |
| S | UBTOTAL of Receipts This Page (optional) | <u></u> | ······································ | 130.00 |
| | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 39 / 88 | | |
|--------------------------|--|------------------------------|---|---|--|--|
| ITEMIZED RECEIPTS | | or each category of the | | (check only one) | | |
| TI LIWIZED RECEIP 13 | | | Detailed Summary Page | | 1b 11c 12 | |
| | | | | 13 14 | | |
| Ar or | ny information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | r not be sold or used by any perso Iress of any political committee to | n for the purpose of solicit contributions | f soliciting contributions from such committee. | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | National Association of Health Underwri | ters PAC (| HUPAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) THOMAS G. MAGNUS | | | Date of Recei | ipt | |
| | Mailing Address PO Box 999 | | | 07 | 29 2007 | |
| | City | State | Zip Code | Transaction I | D : 21072007 | |
| | El Granada | CA | 94018-0999 | Amount of Ea | ach Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 | |
| | Name of Employer BlueCross of California | Occupation | | | | |
| | Receipt For: | Sales Dir | ector Year-to-Date ▼ | \dashv | | |
| | Primary General | Aggregate | rear-to-Date ▼ | | | |
| | Other (specify) ▼ | | 210.00 | | | |
| В. | Full Name (Last, First, Middle Initial) KENNETH JONES | | | Date of Recei | ipt | |
| | Mailing Address 3659 Green Rd., # 217 | | | M M / C | 29 2007 | |
| | City | State | Zip Code | Transaction I | D : 21072010 | |
| | Beachwood | ОН | 44122 | | ach Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 | |
| | Name of Employer GBA Solutions | Occupation Agent | 1 | | | |
| | Receipt For: | | Year-to-Date ▼ | _ | | |
| | Primary General Other (specify) ▼ | 199.194 | 210.00 | | | |
| — С. | Full Name (Last, First, Middle Initial) DAVID M DEITCH | | | Date of Recei | int | |
| | Mailing Address 2785 East Desert Inn Ro | | 29 2007 | | | |
| | City | State | Zip Code | Transaction I | D : 21072011 | |
| | Las Vegas | NV | 89121-3623 | | ach Receipt this Period | |
| | FEC ID number of contributing federal political committee. | EC ID number of contributing | | | 30.00 | |
| | Name of Employer KIA Insurance | Occupation Insurance | | | | |
| | Receipt For: | | Year-to-Date ▼ | 7 | | |
| | Primary General | | | | | |
| | Other (specify) ▼ | | 410.00 | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 90.00 | |
| \vdash | , | | | | | |

| COUEDING A (FEC Forms OV) | | | | FOR LINE NUMBER: PAGE 40 / 88 | | |
|---------------------------|--|--------------------------|-------------------------------------|--|--|--|
| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | (check only one) | | |
| ITEMIZED RECEIPTS | | or each category of the | | X 11a 11b 11c 12 | | |
| | | | Detailed Summary Page | 13 14 15 16 17 | | |
| Δr | y information copied from such Reports and S | tatements may | , not be sold or used by any pers | | | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| $ \rangle$ | National Association of Health Underw | riters PAC (| HUPAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) SHARON ALT | | | Date of Receipt | | |
| Α. | Mailing Address 6410 Southwest Blvd, | Suito 204 | | M M / D D / Y Y Y Y | | |
| | Walling Address 6410 Southwest Blvd, | Suite 204 | | 07 29 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072013 | | |
| | Fort Worth | TX | 76109-3920 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | | | |
| | federal political committee. | C | | 50.00 | | |
| | Name of Employer Alt Benefit Consultants | Occupation | n | 7 | | |
| | Inc | Insurance | e Agent | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | 1 | 450.00 | 7 | | |
| | Other (specify) | | 430.00 | | | |
| | | | | | | |
| В. | Full Name (Last, First, Middle Initial) CHARLES TROGDON | | | Date of Receipt | | |
| | Mailing Address 7910 North Ingram Ave | enue Suite : | 20 | M M / D D / Y Y Y Y | | |
| | | onao, cano i | | 07 29 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072015 | | |
| | Fresno | CA | 93711-5828 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | 30.00 | | |
| | federal political committee. | C | | 30.00 | | |
| | Name of Employer | Occupation | | \dashv | | |
| | Name of Employer Gallagher Benefit Services | Insurance | | | | |
| | Receipt For: | | e Year-to-Date ▼ | | | |
| | Primary General | 30 0 | | 7 | | |
| | Other (specify) ▼ | | 310.00 | | | |
| | | | | | | |
| C. | Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO | | | Date of Receipt | | |
| | Mailing Address 15 Kennedy Drive | | | M M / D D / Y Y Y Y | | |
| | · | | | 07 29 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072016 | | |
| | Budd Lake | NJ | 07828-1438 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | С | | 85.00 | | |
| | federal political committee. | <u> </u> | | | | |
| | Name of Employer | Occupation | n | 7 | | |
| | The Ruggiero Group LLC | Insurance | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | | 560.00 | 1 | | |
| | Other (specify) | | 00.00 | J | | |
| _ | | | | | | |
| | | | | 105.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 165.00 | | |
| \vdash | | | <u> </u> | - | | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 41 / 88 (check only one) |
|----------------------|---|----------------------------|---|--|
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | tements may ame and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwri | ters PAC (| HUPAC) | |
| ۸. | Full Name (Last, First, Middle Initial) RICK D. BAILEY | | | Date of Receipt |
| | Mailing Address 4390 Earney Road, Suite | | | 07 29 2007 |
| | City Woodstock | State GA | Zip Code 30188-5687 | Transaction ID: 21072018 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Rick Bailey & Company In- c. | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 210.00 | |
| 3. | Full Name (Last, First, Middle Initial) ROBERT J BISHOP | | | Date of Receipt |
| | Mailing Address 2785 East Desert Inn Rd | 07 29 2007 | | |
| | City Las Vegas | State NV | Zip Code | Transaction ID: 21072019 |
| | FEC ID number of contributing federal political committee. | C | 89121-3623 | Amount of Each Receipt this Period 85.00 |
| | Name of Employer KIA Insurance | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 695.00 | |
| C. | Full Name (Last, First, Middle Initial) WALTER T. HALE | | | Date of Receipt |
| | Mailing Address 211 East Church Street | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Morrilton | State AR | Zip Code 72110-3419 | Transaction ID: 21072026 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Hawkins Insurance Agency | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 210.00 | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 145.00 |
| T | OTAL This Period (last page this line number or | ıly) | | |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE | NUMBER: | PAGE 4 | 12 / 88 | |
|---|---|--|--|-----------------------------------|------------------------------|-------------------|------------------|----|
| ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the | | (check only one) | | | | |
| | | | Detailed Summary Page | X 11a | 11b | 11c 🗌 | 12 | |
| | | | , , | 13 | 14 | 15 | 16 | 17 |
| Any information copied or for commercial purp | I from such Reports and Sta oses, other than using the n | tements may ame and add | not be sold or used by any persoress of any political committee to | n for the purp solicit contrib | ose of solici utions from | ting contribution | utions ittee. | |
| NAME OF COMMI | TTEE (In Full) | | | | | | | |
| National Associa | ation of Health Underwri | ters PAC (I | HUPAC) | | | | | |
| Full Name (Last, Fi JAIME D HERNAND | , | | | Date of | Receipt | | | |
| Mailing Address | 804 S. Bel Aire Drive | | | 0 7 | 29 | | 0 0 7 | |
| City | | State | Zip Code | Transac | tion ID: 21 | 072027 | | |
| Burbank | | CA | 91501-1522 | Amount | of Each Re | eceipt this P | eriod | |
| FEC ID number of federal political con | | C | | | | | 50.00 | |
| Name of Employer Jardez Financial & nce Inc. Receipt For: Primary Other (specif | General | Occupation Insurance Aggregate | | | | | | |
| Full Name (Last, Fi | | | | Date of | Receipt | | | |
| Mailing Address | Mailing Address P. O. Box 871129 | | | | | 07 29 2007 | | |
| City | | State | Zip Code | Transac | tion ID: 21 | 072029 | | |
| Stone Mountain | | GA | 30087-0029 | Amount | of Each Re | ceipt this P | eriod | |
| FEC ID number of federal political con | | С | | | | | 85.00 | |
| Name of Employer David S. Johnson I | nsurance | Occupation Account E | | | | | | |
| Receipt For: Primary Other (specif | General y) ▼ | Aggregate | Year-to-Date ▼ 695.00 | | | | | |
| Full Name (Last, Fi | | | | Date of | Receipt | | | |
| Mailing Address | Mailing Address 1173 Brittmoore Road | | | | 29 | | 0 0 7 | |
| City | | State | Zip Code | Transac | tion ID: 21 | 072030 | | |
| Houston | | TX | 77043-5003 | Amount | of Each Re | eceipt this P | eriod | |
| FEC ID number of federal political con | | C | | | | | 80.00 | |
| Name of Employer Benefit Concepts I | nc. | Occupation Insurance | | | | | | |
| Receipt For: | | Aggregate | Year-to-Date ▼ | | | | | |
| Primary Other (specif | General y) ▼ | 0 0 | 560.00 | | | | | |
| SUBTOTAL of Recei | pts This Page (optional) | | | | | 2 | 15.00 | |
| | | | | - | | | | |

| S | CHEDULE A (FEC Form 3X) | | I I a a consensa a character (a) | FOR LINE NUMBER: PAGE 43 / 88 |
|---------------|---|--------------------------|--|--|
| | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , , | 13 14 15 16 17 |
| An or | y information copied from such Reports and State for commercial purposes, other than using the nar | ements may me and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwrite | ers PAC (I | HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) JOHN R MCCONNAUGHEY | | | Date of Receipt |
| | Mailing Address PO Box 805 | | | 07 29 2007 |
| | City | State | Zip Code | Transaction ID: 21072032 |
| | West Chester | OH | 45071-0805 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 30.00 |
| | JRM & Associates Agency | Occupation Insurance | | |
| | Inc Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 040.00 | |
| | Other (specify) | 0 0 | 210.00 | |
| 3. | Full Name (Last, First, Middle Initial) FRANK R NOVY | | | Date of Receipt |
| | Mailing Address 21238 Woodview Circle | 07 29 YYYY 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072035 |
| | Strongsville | OH | 44149-9261 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer | Occupation | | - |
| | Qualitied Administrative | Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 040.00 | |
| | Other (specify) ▼ | 0 0 | 310.00 | |
| | Full Name (Last, First, Middle Initial) SUSAN MALEY RASH | | | Date of Receipt |
| | Mailing Address 2108 West Laburnum Ave | enue, Suit | e 3 | 07 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21072041 |
| | Richmond | VA | 23227-4300 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | BB&T Benefit Consultants | Occupation Vice Pres | | |
| | of Virginia Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | riggregate | | |
| | Other (specify) ▼ | | 695.00 | |
| <u> </u> | LIPTOTAL of Descints This Deep (aution 1) | | | 145.00 |
| 5 | UBTOTAL of Receipts This Page (optional) | | <u> </u> | |

S

| <u> </u> | | [| | FOR LINE NUMBER: PAGE 44 / 88 | | | |
|--------------------------|---|---------------------------|---|--|--|--|--|
| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | (check only one) | | | |
| ITEMIZED RECEIPTS | | or each category of the | | X 11a 11b 11c 12 | | | |
| | | | Detailed Summary Page | 13 14 15 16 17 | | | |
| Ar | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and ado | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | |
| \rangle | National Association of Health Underwrit | ters PAC (| HUPAC) | | | | |
| Α. | Full Name (Last, First, Middle Initial) JON C RAUSER | | | Date of Receipt | | | |
| | Mailing Address 400 East Wisconsin Ave | nue, # 200 | | 07 29 2007 | | | |
| | City | State | Zip Code | Transaction ID: 21072042 | | | |
| | Milwaukee | WI | 53202-4499 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 170.00 | | | |
| | Name of Employer The Rauser Agency Inc. | Occupation Insurance | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1290.00 | | | | |
| — В. | Full Name (Last, First, Middle Initial) ALFONSO C. SCHIEBEL | | | Date of Receipt | | | |
| | Mailing Address 200 Sandy Springs Pl., # | 07 29 2007 | | | | | |
| | City | State | Zip Code | Transaction ID: 21072046 | | | |
| | Atlanta | GA | 30328-5918 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 33.00 | | | |
| | Name of Employer Ashford Advisors Inc. | Occupation Insurance | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 331.00 | | | | |
| | | | | 1 | | | |
| C. | Full Name (Last, First, Middle Initial) BOB G SHUPE | | | Date of Receipt | | | |
| | Mailing Address PO Box 2344 | 07 29 7 2007 | | | | | |
| | City Brentwood | State TN | Zip Code 37024-2344 | Transaction ID: 21072047 Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | |
| | Name of Employer ESP Inc | Occupation Insurance | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 625.00 | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | . | 253.00 | | | |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) | | | Harris and a shaded of a | FOR LINE NUMBER: PAGE 45 / 88 | | |
|--------------------------|---|--------------|---|---|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) | | |
| 11 | EMIZED RECEIP 15 | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | | 13 14 15 16 17 | | |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| <u></u> | NAME OF COMMITTEE (In Full) | | | | | |
| $ \rangle$ | National Association of Health Underwr | iters PAC (| HUPAC) | | | |
| | Transmar / tooosiation or ricatin original | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| A. | ALBERT J TRAVASOS | | | Date of Receipt | | |
| | Mailing Address 2255 Glades Road, Suit | e 420A | | 07 29 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072049 | | |
| | Boca Raton | FL | 33431-7379 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | | | |
| | federal political committee. | C | | 45.00 | | |
| | Name of Employer | Occupation | <u> </u> | \dashv | | |
| | Name of Employer John Hancock | Insurance | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | 11 1 | | 1 | | |
| | Other (specify) ▼ | | 315.00 | | | |
| | | | | | | |
| В. | Full Name (Last, First, Middle Initial) PETER VINTON | | | Date of Receipt | | |
| | Mailing Address 9480 Deereco Road | | | M M / D D / Y Y Y Y | | |
| | | | | 07 29 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072050 | | |
| | Timonium | MD | 21093-2102 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | C | | 80.00 | | |
| | federal political committee. | | | | | |
| | Name of Employer Corporate Coverage LLC | Occupation | 1 | | | |
| | | Insurance | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General Other (specify) | | 560.00 | | | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| C. | SUE LARSEN | | | Date of Receipt | | |
| | Mailing Address P.O. Box 6465 | | | 07 29 Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: 21072052 | | |
| | Santa Barbara | CA | 93111-1925 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | | | |
| | federal political committee. | C | | 85.00 | | |
| | Name of Employer | Occupation | 1 | + | | |
| | Larsen Insurance | Insurance | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | | | 1 | | |
| | Other (specify) ▼ | | 545.00 | | | |
| _ | | | | | | |
| | | | | 210.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | |) | 210.00 | | |
| 1 | | | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 88 (check only one) X 11a |
|----------------------|---|--|--|--|
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the nar | ments may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (| HUPAC) | |
| A . | TradeMark Instirance Agency | State TX C C Coccupation Insurance | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21072054 Amount of Each Receipt this Period 100.00 |
| 3. | WILLIAM BLAKELY Mailing Address PO Box 11310 City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Buss Blakely & Associates | State TN C Occupation Insurance Aggregate | | Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: 21072056 Amount of Each Receipt this Period 30.00 |
| D. | Creative Incurance Concen- | State IN C C C C C C C C C C C C C C C C C C | Zip Code 46060-8715 | Date of Receipt M M M / 29 / 2007 Transaction ID: 21072057 Amount of Each Receipt this Period 30.00 |
| s | UBTOTAL of Receipts This Page (optional) | | | 160.00 |
| T | OTAL This Period (last page this line number only | v) | | |

| COUEDINE A (EEC Form 2V) | |] | | FOR LINE NUMBER: PAGE 47 / 88 | | |
|--------------------------|---|----------------------------|---|---|--|--|
| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | (check only one) | | |
| ITEMIZED RECEIPTS | | | or each category of the | X 11a 11b 11c 12 | | |
| | | | Detailed Summary Page | | | |
| | | | | 13 14 15 16 17 | | |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any person ress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | National Association of Health Underwri | ters PAC (| HUPAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) CLAUDIA S DODGE | | | Date of Receipt | | |
| | Mailing Address 2108 W. Laburnum Ave. | ., # 300 | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | |
| | City | State | Zip Code | Transaction ID: 21072058 | | |
| | Richmond | VA | 23226 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer BB&T Benefit Consultants of Virginia | Occupation AVP - Sa | les Consultant | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | 210.00 | 1 | | |
| | Other (specify) | | 310.00 | | | |
| | | | | | | |
| В. | Full Name (Last, First, Middle Initial) JOHN KIEBLER | | | Date of Receipt | | |
| | Mailing Address 300 West Vine Street | M M / D D / Y Y Y Y | | | | |
| | | 07 29 2007 | | | | |
| | City | State | Zip Code | Transaction ID: 21072060 | | |
| | Lexington | KY | 40507-1621 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer CHA Health | Occupation | 1 | 7 | | |
| | CHA Health' | Insurance | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | 33 3 | | 1 | | |
| | Other (specify) | l | 310.00 | | | |
| | | | | · | | |
| <u> </u> | Full Name (Last, First, Middle Initial) BRADFORD H. BLAIN | | | Date of Receipt | | |
| | Mailing Address P O Box 4510 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: 21072061 | | |
| | Lexington | KY | 40544-4510 | Amount of Each Receipt this Period | | |
| | | IXI | 40344-4310 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | | | 30.00 | | |
| | Name of Employer Al Torstrick Insurance Ag- | Occupation | 1 | 7 | | |
| | Al Forstrick Insurance Agency Inc. | Insurance | e Agent | | | |
| | Receipt For: | | Year-to-Date ▼ | 7 | | |
| | Primary General | - | | 1 | | |
| | Other (specify) ▼ | | 310.00 | | | |
| | | | | 1 | | |
| | | | | | | |
| _ | UPTOTAL of Descripto This Descriptors | | | 90.00 | | |
| L | UBTOTAL of Receipts This Page (optional) | | ······ | | | |

| SCHEDIII E A (EEC Form 2V) | | | | FOR LINE NUMBER: PAGE 48 / 88 | | |
|----------------------------|---|-------------------------|-------------------------------------|--|--|--|
| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | (check only one) | | |
| ITEMIZED RECEIPTS | | or each category of the | | X 11a 11b 11c 12 | | |
| | | | Detailed Summary Page | 13 14 15 16 17 | | |
| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any perso | | | |
| or | for commercial purposes, other than using the n | name and add | lress of any political committee to | solicit contributions from such committee. | | |
| abla | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | National Association of Health Underwri | iters PAC (| HUPAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) STEPHANIE MONETTE | | | Date of Receipt | | |
| | Mailing Address 1510 Meadow Wood La | ne | | 07 29 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072063 | | |
| | Reno | NV | 89502-8503 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer Saint Mary's Health Plans | Occupation Insurance | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | 199.194 | | 1 | | |
| | Other (specify) | | 210.00 | | | |
| | | | | 1 | | |
| В. | Full Name (Last, First, Middle Initial) THOMAS A. BRYON | | | Date of Receipt | | |
| | Mailing Address 9820 Metcalf Ave., # 11 | M M / D D / Y Y Y Y | | | | |
| | | 07 29 2007 | | | | |
| | City | State | Zip Code | Transaction ID: 21072068 | | |
| | Overland Park | KS | 66212 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer SS&G and Associates Inc. | Occupation President | | | | |
| | Receipt For: | | Year-to-Date V | | | |
| | Primary General | / iggi ogalo | Tour to Bate V | 1 | | |
| | Other (specify) | | 210.00 | | | |
| | | | | | | |
| <u>С</u> . | Full Name (Last, First, Middle Initial) NORMAN D. SPRINGER | | | Date of Receipt | | |
| | Mailing Address 1626 East 203rd Street | | | $\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 7 & & 2 & 9 & & 2 & 0 & 0 & 7 \end{bmatrix}$ | | |
| | City | State | Zip Code | Transaction ID: 21072069 | | |
| | Westfield | IN | 46074-9687 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer American Community Mutual | Occupation Insurance | | 1 | | |
| | Receipt For: | | Year-to-Date ▼ | _ | | |
| | Primary General | 99. 09410 | 1 1 1 1 1 1 1 1 | 1 | | |
| | Other (specify) | | 310.00 | | | |
| | | | 0 0 0 0 0 0 | 1 | | |
| | | | | | | |
| ٩ | UBTOTAL of Receipts This Page (optional) | | | 90.00 | | |
| \vdash | | | | | | |

| S | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 49/88 | | | |
|-------------------|--|-------------------------------------|--|--|--|--|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | | | |
| •• | LIVIIZED REOLII 13 | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | |
| Δ | ny information copied from such Reports and Statements ma | ev not he sold or used by any ners | | | | |
| or | for commercial purposes, other than using the name and ac | dress of any political committee to | o solicit contributions from such committee. | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | |
| $ \rangle$ | National Association of Health Underwriters PAC | (HUPAC) | | | | |
| \angle | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) GREGORY S SMITH | | Date of Receipt | | | |
| | Mailing Address 2201 Woodlawn Road | | M M / D D / Y Y Y Y | | | |
| | PO Box 370 | | 07 29 2007 | | | |
| | City State | Zip Code | Transaction ID: 21072072 | | | |
| | <u>Lincoln</u> IL | 62656-9645 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee | | 15.00 | | | |
| | federal political committee. | | | | | |
| | Name of Employer Occupation Group Marketing Services | on | | | | |
| | Insurance Insura | ce Agent | | | | |
| | | te Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | 230.00 | | | | |
| | Other (specify) | 0 0 0 0 0 0 0 | 1 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| В. | ROSEMARY DEININGER | | Date of Receipt | | | |
| | Mailing Address 12801 N. Central Expressway, Su | M M / D D / Y Y Y Y | | | | |
| | City State | Zip Code | 07 29 2007 | | | |
| | Dallas TX | 75243-1741 | Transaction ID: 21072075 | | | |
| | | 73243-1741 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | | 30.00 | | | |
| | | | | | | |
| | Name of Employer Occupation Waldman Brothers | | | | | |
| | | Manager te Year-to-Date ▼ | _ | | | |
| | Primary General | ic real to bate 🔻 | 1 | | | |
| | Other (specify) ▼ | 330.00 | | | | |
| | | | | | | |
| ^ | Full Name (Last, First, Middle Initial) | | Date of Bessiel | | | |
| C. | RONALD M LEVINE Mailing Address 3965 Johns Creek Ct., Suite- A | | Date of Receipt | | | |
| | Mailing Address 3965 Johns Creek Ct., Suite- A | | 07 29 2007 | | | |
| | City State | Zip Code | Transaction ID: 21072081 | | | |
| | Suwanee GA | 30024 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | | 30.00 | | | |
| | federal political committee. | | 00.00 | | | |
| | Name of Employer ARINSO International | on | - | | | |
| | ARINSO International Vice Pre | esident of Sales, SE | | | | |
| | Receipt For: Aggregat | te Year-to-Date ▼ | | | | |
| | Primary General | 210.00 | | | | |
| | Other (specify) ▼ | 210.00 | | | | |
| | | | | | | |
| ٩ | UBTOTAL of Receipts This Page (optional) | | 75.00 | | | |
| \vdash | | | | | | |
| I _ | TOTAL This Period (last page this line number only) | | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 88 (check only one) X |
|---|---|-------------------------|--|--|
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ters PAC (| HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) JIM BOWMAN Mailing Address 2701 West 15th Street, # City | \$ 554 State | Zip Code | Date of Receipt M |
| | Plano | TX | 75075-7523 | Transaction ID: 21072086 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Bowman & Bowman Consultants Inc. Receipt For: Primary General Other (specify) ▼ | Insurance | | |
| Full Name (Last, First, Middle Initial) JEFFREY SHERROD Mailing Address 1203-B West Loop 281, Suite 103 | | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21072088 |
| | Longview | TX | 75604 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Principal Life Insurance Co. | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ | |
| | Full Name (Last, First, Middle Initial) LAURIE J KIRKLAND | | | Date of Receipt |
| | Mailing Address PO Box 10088 | | | 07 29 2007 |
| | City | State | Zip Code | Transaction ID: 21072090 |
| | <u>Yakima</u> | WA | 98909-1088 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 30.00 |
| | Name of Employer Conover Insurance Inc. | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 310.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 90.00 |
| т. | OTAL This Period (last page this line number on | lv) | | |

| SCHEDULE A (FEC Form 3X) Lise separate schedule(s) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 51 / 88 |
|---|---|--|-----------------------------------|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| - | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any person | |
| or | | solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | are PAC (| HIIDAC) | |
| / | National Association of Fleatin Onderwrite | 513 1 AO (| Hor Aoj | |
| | Full Name (Last, First, Middle Initial) RANDY H. KLEIN | | | Date of Receipt |
| ٦. | Mailing Address 306 North Cleveland Mas | sillon Roa | ad | M M / D D / Y Y Y Y |
| | | | | 07 29 2007 |
| | City | State | Zip Code | Transaction ID: 21072094 |
| | Akron F50 ID and the state of a set the state of a | OH | 44333-4511 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Group Benefit Associates | Occupation Insurance | |] |
| | LLC Receipt For: | | Year-to-Date ▼ | _ |
| | Primary General | 7.99.094.0 | | |
| | Other (specify) | | 210.00 | |
| 3. | Full Name (Last, First, Middle Initial) TIFFANY A. OTIS | | | Date of Receipt |
| | Mailing Address 28588 Northwestern High | way, Suit | e | M M / D D / Y Y Y Y |
| | City Code | | | 07 29 2007 |
| | City Southfield | State MI | Zip Code 48034-8335 | Transaction ID: 21072095 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | +000+ 0000 | |
| | federal political committee. | C | | 30.00 |
| | Name of Employer PPOM | Occupation | 1 | - |
| | PPOM | Vice Pres | sident Corporate Sales & Pro | vi |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | , , | 210.00 | |
| | Carior (openity) | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) JONI Robin REENTS | | | Date of Receipt |
| | Mailing Address 7100 N. Broadway, #6-OI | PH | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | 07 29 2007 |
| | Denver | CO | 80221-2943 | Transaction ID: 21072096 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 002212010 | |
| | federal political committee. | C | | 30.00 |
| | Romer Regnite & Accordates | Occupation | 1 | 7 |
| Inc. Produ | | Producer | Year-to-Date ▼ | |
| | Primary General | riggregate | | |
| | Other (specify) ▼ | | 210.00 | |
| | IPTOTAL of Possints This Dear (antique) | | | 90.00 |
| 5 | JBTOTAL of Receipts This Page (optional) | | <u> </u> | |
| | OTAL This Period (last page this line number only | ω | | |

| COUEDING A (FEC Form 2V) | | | | FOR LINE NUMBER: PAGE 52 / 88 | |
|--------------------------|--|--|--|---|--|
| 5 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) | |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 | |
| | | | Detailed Summary Page | | |
| | | | | 13 14 15 16 17 | |
| Ar | ly information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | rnot be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | National Association of Health Underwri | ters PAC (| HUPAC) | | |
| Α. | Full Name (Last, First, Middle Initial) DIANALOU WOLFF | | | Date of Receipt | |
| | Mailing Address 106 Main Street | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| | City | State | Zip Code | Transaction ID: 21072097 | |
| | Kingston | NY | 12401 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | |
| | Name of Employer Benefit Counseling Associ- ates | | Health Benefit Specialist | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 210.00 | | |
| В. | Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO | | | Date of Receipt | |
| | Mailing Address 357 Sanford Drive | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | Zip Code | Transaction ID: 21072098 | | |
| | Morganton | NC | 28655 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | |
| | Name of Employer Flexible Benefit Manageme- | Occupation Insurance | | | |
| | nt Receipt For: | 1 | Year-to-Date ▼ | | |
| | Primary General | 33 - 3 | | 1 | |
| | Other (specify) | | 350.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) DENNIS E. WRIGHT | | | Date of Receipt | |
| | Mailing Address 111 East Ludwig Road, | Suite 108 | | 07 29 2007 | |
| | City | State | Zip Code | Transaction ID: 21072105 | |
| | Fort Wayne | IN | 46825-4240 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | | | 85.00 | |
| | Name of Employer IntraHealth Solutions In- | ame of Employer traHealth Solutions In- Occupation President | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 695.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | \ | 165.00 | |
| \vdash | 1 | | | - | |

| SCHEDULE A (FEC Form 3X) | | | Here was a section of the selection (see | FOR LINE NUMBER: PAGE 53 / 88 | |
|--------------------------|---|----------------------|---|--|--|
| | | | Use separate schedule(s) or each category of the | (check only one) | |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | |
| | | | , , | 13 14 15 16 17 | |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the r | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions | |
| or | | ame and add | aress or any political committee to | solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) | . 5467 | | | |
| \angle | National Association of Health Underwr | iters PAC (| HUPAC) | | |
| A. | Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON | | | Date of Receipt | |
| | Mailing Address 739 East Jackson Stree | t | | 07 29 2007 | |
| | City | State | Zip Code | Transaction ID: 21072107 | |
| | Martinsville | IN | 46151-2033 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing | | | | |
| | federal political committee. | C | | 30.00 | |
| | Name of Employer American Community Mutual | Occupation | | | |
| | Insurance | Insurance | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | ' ' | 210.00 | | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 | 1 | |
| | Full Name (Last, First, Middle Initial) ELEANOR BROCKHURST | | | Date of Receipt | |
| Ь. | Mailing Address 1212 East Osborn Road | L Quito 110 | 1 | M M / D D / Y Y Y Y | |
| | TETE Last Ospotti Hoat | 07 29 2007 | | | |
| | City | State | Zip Code | Transaction ID: 21072111 | |
| | Phoenix | AZ | 85014-5533 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing | | | 30.00 | |
| | federal political committee. | C | | 30.00 | |
| | Name of Employer Brockhurst & Associates | Occupation | 1 | | |
| | Inc. | Insurance | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 210.00 | | |
| | Other (specify) ▼ | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) CHARLES T GARTLAN | | | Date of Receipt | |
| ٥. | Mailing Address PO Box 1268 | | | M M / D D / Y Y Y Y | |
| | | | | 07 29 2007 | |
| | City | State | Zip Code | Transaction ID: 21072113 | |
| | Toms River | NJ | 08754-1268 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing | C | | 40.00 | |
| | federal political committee. | <u> </u> | | | |
| | Name of Employer BenefitPort LLC | Occupation Insurance | | | |
| | | | e Agent e Year-to-Date V | _ | |
| | Receipt For: Primary General | Aggregate | : rear-lo-Dale ▼ | , | |
| | Other (specify) | | 942.00 | | |
| | Strict (openity) \ | | 1 1 1 1 1 1 1 | 1 | |
| | I | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 | |
| \vdash | ago (optional) | | | - | |

| SCHEDULE A (FEC Form 3X) | | | Llea coparata cabadula(s) | FOR LINE NUMBER: PAGE 54 / 88 | |
|-----------------------------------|---|------------------------------|---|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) | |
| ••• | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | |
| | | | | 13 14 15 16 17 | |
| Ar or | ny information copied from such Reports and Si for commercial purposes, other than using the | atements may name and ado | not be sold or used by any personal dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | |
| | National Association of Health Underw | riters PAC (| HUPAC) | | |
| A. | | | | Date of Receipt | |
| | Mailing Address 3130 Chaparral Drive | | | 07 29 2007 | |
| | City State Roanoke VA FEC ID number of contributing federal political committee. | | Zip Code | Transaction ID: 21072114 | |
| | | | 24018-4353 | Amount of Each Receipt this Period | |
| | | | | 50.00 | |
| | Name of Employer CIGNA Healthcare | Occupation | n Executive | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | | 050.00 | 1 | |
| | Other (specify) ▼ | | 350.00 | | |
| В. | Full Name (Last, First, Middle Initial) GERALD G HARTMAN | | | Date of Receipt | |
| | Mailing Address PO Box 5716 | | | 07 29 2007 | |
| | City | State | Zip Code | Transaction ID: 21072115 | |
| | Boise | <u>ID</u> | 83705-0716 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | |
| | Name of Employer Insurance Network America Inc | Occupation Insurance | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 315.00 | 1 | |
| | Other (specify) ▼ | | 313.00 | | |
| c. | Full Name (Last, First, Middle Initial) LORI J HEADLEY | | | Date of Receipt | |
| | Mailing Address PO Box 14725 | | | 07 29 2007 | |
| | City | State | Zip Code | Transaction ID: 21072116 | |
| | Portland | OR | 97293-0725 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | |
| | Name of Employer Healthwise Insurance Plan- | Occupation | | | |
| | ning | Insurance | <u> </u> | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ | |
| Primary General Other (specify) ▼ | | | 210.00 | | |
| | Outer (Specify) \ | | 0 0 0 0 0 0 0 | - | |
| s | UBTOTAL of Receipts This Page (optional) | | | 130.00 | |
| | | | · | | |
| T | OTAL This Period (last page this line number | only) | | | |

| SCHEDIII E A /EEC Form 2V) | | | | FOR LINE NUMBER: PAGE 55 / 88 |
|----------------------------|---|--------------------------|-------------------------------------|--|
| | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Δr | y information copied from such Reports and Sta | atements may | y not be sold or used by any perso | |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwr | iters PAC (| HUPAC) | |
| A. | Full Name (Last, First, Middle Initial) NICHOLAS S. MASSEI, JR | | | Date of Receipt |
| | Mailing Address 832 Humewick Way | | | 07 29 2007 |
| | City | State | Zip Code | Transaction ID: 21072119 |
| | Sunnyvale | CA | 94087-3534 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Massei Insurance Services Agency | Occupation Insurance | | 7 |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 265.00 | 1 |
| | Other (specify) | | 205.00 | J |
| — В. | Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK | | | Date of Receipt |
| | Mailing Address PO Box 38248 | M M / D D / Y Y Y Y | | |
| | 3300 Battleground Ave. | 07 29 2007 | | |
| | City | Zip Code | Transaction ID: 21072120 | |
| | Greensboro | NC | 27438-8248 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 85.00 |
| | Name of Employer EbenConcepts Company | Occupation Insurance | | 7 |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 111 | 505.00 | 1 |
| | Other (specify) ▼ | | 595.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) DANIEL W. MCMAHON | | | Date of Receipt |
| | Mailing Address 123 East 2nd Avenue | | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | 07 29 2007 Transaction ID: 21072121 |
| | Spokane Spokane | WA | 99202-1504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 1 1 1 1 1 1 | 50.00 |
| | Name of Employer Jones & Mitchell Insurance | Occupation Benefits I | | 7 |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 450.00 |] |
| s | UBTOTAL of Receipts This Page (optional) | | | 220.00 |
| \vdash | , | | | - |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 88 (check only one) X |
|-------------|---|----------------------|--|---|
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | itements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) National Association of Health Underwri | iters PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) MEL A SCHLESINGER Mailing Address PO Box 30100 | | | Date of Receipt |
| | City Winston Salem | State NC | Zip Code 27130-0100 | Transaction ID: 21072122 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer The Rainmakers Group Inc. Receipt For: | Occupation | | |
| | Primary General Other (specify) ▼ | Aggregate | 795.00 | |
| В. | Full Name (Last, First, Middle Initial) JAMES D SCHULZ | | | Date of Receipt |
| | Mailing Address 7101 S. 82nd St. | | 7: 0.1 | 07 29 2007 |
| | City | State | Zip Code | Transaction ID: 21072123 |
| | Lincoln FEC ID number of contributing federal political committee. | C | 68516-6574 | Amount of Each Receipt this Period 85.00 |
| | Name of Employer Midlands Financial Benefi- ts | Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 595.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) M HUGHES WAREN, JR | | | Date of Receipt |
| | Mailing Address P.O. Box 7661 | | | 07 29 7 2007 |
| | City | State | Zip Code | Transaction ID: 21072128 |
| | Wilmington | NC | 28406-7661 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 40.00 |
| | Name of Employer Ebenconcepts Inc. | Occupation | | |
| | · | Insurance | | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 280.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 210.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------|---|---|--|--|
| Ar or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ters PAC (| HUPAC) | |
| A. | Full Name (Last, First, Middle Initial) JAMES R STENGER Mailing Address 268 South Street City Morristown FEC ID number of contributing federal political committee. Name of Employer NAS Financial Services Receipt For: Primary General Other (specify) | State NJ C Occupation Principal Aggregate | Zip Code 07960-6019 n e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21072132 Amount of Each Receipt this Period 170.00 |
| 3. | Full Name (Last, First, Middle Initial) H Luke MCDERMOTT Mailing Address 883 West Baxter Drive City South Jordan FEC ID number of contributing federal political committee. Name of Employer McDermott Company & Associates Receipt For: Primary General Other (specify) | State UT C Occupation Insurance Aggregate | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 21072135 Amount of Each Receipt this Period 100.00 |
| D. | Full Name (Last, First, Middle Initial) DEAN M HOFFMAN Mailing Address W223 N608 Saratoga Dr City Waukesha FEC ID number of contributing federal political committee. Name of Employer Diversified Insurance Services Inc. Receipt For: Primary General Other (specify) | State WI C Occupation Insurance | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 300.00 |
| Т | OTAL This Period (last page this line number on | lv) |) | |

| SCHEDULE A (FEC Form | 3X) | | FOR LINE NUMBER: PAGE 58 / 88 |
|---|---|--|---|
| • | UK) | Use separate schedule(s) or each category of the | (check only one) |
| ITEMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | , , | 13 14 15 16 17 |
| Any information copied from such Report or for commercial purposes, other than us | s and Statements may sing the name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| National Association of Health L | Jnderwriters PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) G. Russell GARNER | | | Date of Receipt |
| Mailing Address 1308 Murraywoo | od Drive | | 07 31 7 2007 |
| City | State | Zip Code | Transaction ID: 21072148 |
| Columbia | SC | 29212-1159 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 30.00 |
| Name of Employer G. Russell Garner, CLU, LLC | Occupation Insurance | | |
| Receipt For: | | e Year-to-Date ▼ | _ |
| Primary General | 33 0 | | 7 |
| Other (specify) ▼ | 0 0 | 310.00 | |
| Full Name (Last, First, Middle Initial) 3. ROSS W KRAFT | • | | Date of Receipt |
| Mailing Address 41 Notre Dame | 07 31 YYYY 2007 | | |
| City | State | Zip Code | Transaction ID: 21072151 |
| <u>Utica</u> | NY | 13502 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Meridian Group of New York Inc. | Occupation Presiden | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| Primary General | | 505.00 | 1 |
| Other (specify) | 0 0 | 595.00 | |
| Full Name (Last, First, Middle Initial) OWEN W. WINGATE | • | | Date of Receipt |
| Mailing Address 155 Professiona | ll Dr | | 07 31 YYYY 2007 |
| City | State | Zip Code | Transaction ID: 21072153 |
| Ponte Vedra Beach | <u>FL</u> | 32082-6217 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 40.00 |
| Name of Employer Wingate Insurance Group | Occupation Insurance | | |
| Inc. Receipt For: | | e Year-to-Date ▼ | \dashv |
| Primary General | 7.99.094.0 | | 7 |
| Other (specify) ▼ | | 280.00 | |
| CURTOTAL «CResides Title Books | IV | | 155.00 |
| SUBTOTAL of Receipts This Page (opt | ional) | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 59 / 88 |
|--|-------------|-------------------------------------|--|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) |
| TENNELD RECEIL TO | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Reports and Sta | tements may | v not he sold or used by any nerso | |
| or for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| National Association of Health Underwri | ters PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) 4. JOHN Philip GARVEN | | | Date of Receipt |
| Mailing Address 11715 East Main Street | - PO Box 8 | 3 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 21072157 |
| Huntley | IL | 60142-6913 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 30.00 |
| Name of Employer Benico LTD | Occupation | | |
| Receipt For: | | e Year-to-Date ▼ | |
| Primary General | | 040.00 | 1 |
| Other (specify) ▼ | 0 0 | 310.00 | |
| Full Name (Last, First, Middle Initial) 3. RYAN R. MCDERMOTT | | | Date of Receipt |
| Mailing Address 883 West Baxter Drive | | | 07 |
| City | State | Zip Code | Transaction ID: 21072159 |
| South Jordan | UT | 84095-8506 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 30.00 |
| Name of Employer McDermott Company & Assoc- | Occupation | | |
| iates | Insurance | | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| Other (specify) | | 210.00 | |
| Full Name (Last, First, Middle Initial) | | | |
| C. RON J. NEZAT | | | Date of Receipt |
| Mailing Address PO Box 91180 | | | 0 7 3 1 Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 21072160 |
| Lafayette | LA | 70509-1180 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Global Financial Resources | Occupation | n | 7 |
| Inc. | Insurance | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) | | 695.00 | |
| Ottlet (Specify) 🔻 | | 0 0 0 0 0 0 0 | |
| SUBTOTAL of Receipts This Page (optional) | | | 145.00 |
| TOTAL This Period (last nage this line number or | nlv) | | |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 60 / 88 | |
|--------------------------|---|------------------------------|---|---|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) | |
| 11 | EWIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | |
| _ | | | | 13 14 15 16 17 | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | National Association of Health Underwr | iters PAC (| HUPAC) | | |
| Α. | Full Name (Last, First, Middle Initial) DWIGHT A. HALL | | | Date of Receipt | |
| | Mailing Address 11555 North Meridian Street, S City State | | | 07 31 7 2007 | |
| | | | Zip Code | Transaction ID: 21072164 | |
| | Carmel | IN | 46032-6945 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | |
| | Name of Employer Sagamore Health Network Inc. | Occupation Business | n Development Executive | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 210.00 | 1 | |
| | Other (specify) ▼ | | 210.00 | | |
| R | Full Name (Last, First, Middle Initial) PATRICIA A GRIFFEY | | | Date of Receipt | |
| ъ. | Mailing Address 227 Dixie Way North Su | ιitα 210 | | M M / D D / Y Y Y Y | |
| | | 110 210 | | 07 31 2007 | |
| | City | State | Zip Code | Transaction ID: 21072165 | |
| | South Bend | IN | 46637 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 60.00 | |
| | Name of Employer Page 1 Benefits Inc. | Occupation | า | | |
| | | Insurance | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 0 0 | 420.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) RYAN A SAUL | | | Date of Receipt | |
| | Mailing Address 1521 Technology Parkw | <i>ı</i> ay | | M M / D D / Y Y Y Y | |
| | P.O. Box 767 | 01-1- | 7'- 0-1- | 07 31 2007 | |
| | City Cedar Falls | State IA | Zip Code 50613-6977 | Transaction ID: 21072167 Amount of Each Receipt this Period | |
| | | IA | 30013-0977 | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | |
| | Name of Employer PIPAC | Occupation | | | |
| | | Insurance | e Agent e Year-to-Date ▼ | | |
| | Receipt For: Primary General | Aggregate | rear-lo-Dale V | 1 | |
| | Other (specify) | | 210.00 | | |
| | <u> </u> | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 120.00 | |
| Ţ | OTAL This David (Inches on the Program) | mls s) | | | |
| 1 1 | OTAL This Period (last page this line number o | шу) | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 61 / 88 |
|--|-------------------------|---|---|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | 13 |
| Any information copied from such Reports and Stror for commercial purposes, other than using the | atements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| National Association of Health Underwi | riters PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY | | | Date of Receipt |
| Mailing Address 120 East Washington S | Street | | 07 31 7 2007 |
| City | State | Zip Code | Transaction ID: 21072168 |
| Plymouth | IN | 46563-1744 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 85.00 |
| Name of Employer KL Benefits | Occupation | | |
| Receipt For: | | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 595.00 | |
| Full Name (Last, First, Middle Initial) 3. HENRY John SULLIVAN | | | Date of Receipt |
| Mailing Address 523 Camilla Avenue | 07 / 31 / 2007 | | |
| City | State | Zip Code | Transaction ID: 21072170 |
| Roanoke | VA | 24014-1802 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 30.00 |
| Name of Employer Self Employed | Occupation President | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 210.00 | |
| Full Name (Last, First, Middle Initial) 5. SHELLY K WINSON | | | Date of Receipt |
| Mailing Address PO Box 1914 | | | 07 |
| City | State | Zip Code | Transaction ID: 21072171 |
| Scottsdale | AZ | 85252-1914 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 30.00 |
| Name of Employer GroupLink Inc | Occupation | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 310.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 145.00 |
| TOTAL This Period (last page this line number of | nalv) | | |

PAGE 62/88 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) WENDY VANDERWATER Date of Receipt Mailing Address 515 West Southwest Loop 323 07 2007 3 1 Zip Code City State Transaction ID: 21072173 **Tyler** 75701-9455 TX Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Threlkeld & Company Insur-Occupation Insurance Agent ance Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) Full Name (Last, First, Middle Initial) B. TERESA F DEBRUIN Date of Receipt Mailing Address 5880 Live Oak Parkway 07 31 2007 Suite 230 City State Zip Code Transaction ID: 21072174 **Norcross** GA 30092-2188 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer DeBruin Benefit Services Inc./ AA LaR Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) C. ALINE H. ROBERTS Date of Receipt Mailing Address 3537 Old Conejo Road Suite 114 2007 07 3 1 Citv State Zip Code Transaction ID: 21072175 Newberry Park CA 91320 Amount of Each Receipt this Period FEC ID number of contributing 170.00 C federal political committee. Name of Employer Insurance Dimensions Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 1190.00 Other (specify) 230.00 SUBTOTAL of Receipts This Page (optional)

| | HEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|---|---|
| Any or fo | information copied from such Reports and Stator commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ers PAC (| HUPAC) | |
| 4. <u>0</u> - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - | Full Name (Last, First, Middle Initial) GREG J. SEIFERT Mailing Address PO Box 189 916 Main Street City Vancouver FEC ID number of contributing ederal political committee. Name of Employer Biggs Insurance Services Receipt For: Primary General Other (specify) | State WA C Occupation Insurance Aggregate | | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. <u> </u> | Full Name (Last, First, Middle Initial) PAUL E. SMITH Mailing Address 124 Washington Street City Middletown FEC ID number of contributing ederal political committee. Name of Employer AmeriBen Alliance LLC | State CT C | | Date of Receipt M M M / D D M 2 0 0 7 Transaction ID: 21072185 Amount of Each Receipt this Period 85.00 |
| Ī | Receipt For: Primary General Other (specify) | Insurance Aggregate | Year-to-Date ▼ 695.00 | |
| C. <u> </u> | Full Name (Last, First, Middle Initial) KENNETH J. STATZ Mailing Address PO Box 41068 City Brecksville FEC ID number of contributing ederal political committee. Name of Employer Statz & Associates Receipt For: Primary General Other (specify) | State OH C Occupation Insurance Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 21072187 Amount of Each Receipt this Period 30.00 |
| SU | BTOTAL of Receipts This Page (optional) | | | 200.00 |
| то | TAL This Period (last page this line number on | lv) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER | R: PAGE 64/88 |
|-------------------|--|---|---|---|--|
| ITEMIZED RECEIPTS | | or each category of the | | (check only one) | |
| ••• | LIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b | 11c 12 |
| _ | | | | 13 14 | 15 16 17 |
| Ar or | ly information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | not be sold or used by any perso dress of any political committee to | n for the purpose of soli solicit contributions fror | iciting contributions m such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | | |
| | National Association of Health Underwri | ters PAC (| HUPAC) | | |
| Α. | Full Name (Last, First, Middle Initial) TERESA F DEBRUIN | | | Date of Receipt | |
| | Mailing Address 5880 Live Oak Parkway Suite 230 | / | | 07 3 | 2007 |
| | City | State | Zip Code | Transaction ID: 2 | 21072188 |
| | Norcross | GA | 30092-2188 | Amount of Each F | Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 |
| | Name of Employer DeBruin Benefit Services | Occupation | 1 | 7 | |
| | DeBruin Benefif Services Inc./ AA LaR | Insurance | e Agent | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 070.00 | 1 | |
| | Other (specify) ▼ | 0 0 | 370.00 | | |
| В. | Full Name (Last, First, Middle Initial) MAURICE LYONS | | | Date of Receipt | |
| | Mailing Address 301 Madison Avenue, 4 | 07 3 | 0 / Y Y Y Y Y Y 2 0 0 7 | | |
| | City | State Zip Code | | | |
| | New York | NY | 10017-8103 | Amount of Each F | Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 85.00 |
| | Name of Employer The Medical Link Inc. | Occupation President | | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 660.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MARY LANDEN | | | Date of Receipt | |
| | Mailing Address 1000 Burnett Avenue, Suite 440 | | | 07 3 | |
| | City | State | Zip Code | Transaction ID: 2 | |
| | Concord | CA | 94520 | | Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 30.00 | | |
| | Name of Employer BenefitMall | Name of Employer Occupation BenefitMall Insurance Agent | | | |
| | Receipt For: | | Year-to-Date ▼ | 7 | |
| | Primary General | 33 -3-4 | | ı İ | |
| | Other (specify) ▼ | | 310.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 145.00 |
| \vdash | , | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 65 / 88 (check only one) |
|---|---|----------------------------|---|--|
| | LIVIIZED REGEIFTS | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | tements may ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwrit | ters PAC (| HUPAC) | |
| ۸. | Full Name (Last, First, Middle Initial) PATRICE GOLDFARB | | | Date of Receipt |
| | Mailing Address 442 Teaneck Rd. | | | 07 07 7 2007 |
| | City | State | Zip Code | Transaction ID: 21072193 |
| | Ridgefield Park | NJ | 07660-1516 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | Name of Employer The Employee Benefits Adv- isors Group | Occupation Insurance | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 420.00 | |
| 3. | Full Name (Last, First, Middle Initial) RICHARD E. WHEELER | | | Date of Receipt |
| | Mailing Address 617 Highway 71, Buildin | 07 30 7 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072197 |
| | Brielle | NJ | 08730-1838 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Richard E. Wheeler Insura- | Occupation | | |
| | nce Services Receipt For: | Insurance | e Agent e Year-to-Date 🔻 | _ |
| | Primary General | riggregate | | 1 |
| | Other (specify) ▼ | 0 0 | 210.00 | |
| Э. | Full Name (Last, First, Middle Initial) BRUCE D BENTON | | | Date of Receipt |
| Mailing Address 19528 Ventura Boulevard # 596 | | | | 07 07 2007 |
| | City | State | Zip Code | Transaction ID: 21072199 |
| | <u>Tarzana</u> | CA | 91356-2917 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Genesis SmithBenton Insur- | Occupation | | |
| | ance & Financ Receipt For: | Insurance | e Agent e Year-to-Date ▼ | _ |
| | Primary General | Aggregate | | 1 |
| | Other (specify) ▼ | 0 0 | 695.00 | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 175.00 |
| т | OTAL This Period (last page this line number or | ıly) |) | |

| S | CHEDULE A (FEC Form 3X) | | 11 | FOR LINE NUMBER: PAGE 66 / 88 |
|-------------------|--|----------------|---|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and Sta for commercial purposes, other than using the i | atements may | not be sold or used by any person of any person of any political committee to | on for the purpose of soliciting contributions |
| 7 | NAME OF COMMITTEE (In Full) | Tarro arra auc | | |
| $ \rangle$ | National Association of Health Underwi | iters PAC (| HUPAC) | |
| | Transfig. 7.0000 and of 7.10a.m. Chao.m. | 110101710 | . 10. 7.0) | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| A. | KAY KNUTSON | | | Date of Receipt |
| | Mailing Address 11209 Academy Ridge | Rd., NE | | 07 30 2007 |
| | City | State | Zip Code | Transaction ID: 21072202 |
| | Albuquerque | NM | 87111 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 85.00 |
| | Name of Employer | Occupation | า | _ |
| | Presbyterian Health Plan | Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 005.00 | 1 |
| | Other (specify) ▼ | | 695.00 | |
| _ | | | | |
| В. | Full Name (Last, First, Middle Initial) MICHAEL A. RIVERA | | | Date of Receipt |
| ٥. | Mailing Address 12200 Northwest Freew | av Suite 6 | 62 | M M / D D / Y Y Y Y |
| | | 07 28 2007 | | |
| | City | State | Zip Code | Transaction ID: 21072210 |
| | Houston | TX | 77092-4927 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 85.00 |
| | federal political committee. | | | |
| | Name of Employer Northwest General Insuran- | Occupation | า | |
| | ce | Insurance | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 695.00 | |
| | Ctrici (Specify) | | | 1 |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | LORELIE G. CASTELLANI | | | Date of Receipt |
| | Mailing Address PO Box 905 | | | 07 28 2007 |
| | City | State | Zip Code | Transaction ID: 21072211 |
| | Branchville | NJ | 07826-0905 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 85.00 |
| | Name of Employer | Occupation | า | _ |
| | Name of Employer Benefit Guidance Systems | Insurance | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1 1 | 610.00 | 1 |
| | Other (specify) ▼ | 0 0 | 610.00 | |
| $\overline{}$ | | | | |
| _ | IIDTOTAL of Docainto This Doca (continue) | | _ | 255.00 |
| \vdash | UBTOTAL of Receipts This Page (optional) | | | |
| | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NU | |
|------------------|--|-----------|------------------------------------|----------------------|---------------------------------------|
| TEMIZED RECEIPTS | | | or each category of the | (check only or X 11a | · — — |
| - | | | Detailed Summary Page | X 11a | 11b 11c 12 14 15 16 17 |
| An | y information copied from such Reports and Stateme for commercial purposes, other than using the name | ents may | not be sold or used by any perso | | |
| or | | and addr | ress of any political committee to | solicit contribution | ons from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | D40 (1 | II IDAO) | | |
| / | National Association of Health Underwriters | S PAC (F | HUPAC) | | |
| _ | Full Name (Last, First, Middle Initial) ROBERT C. SICHMELLEA | | | Date of Re | accint |
| ٠. | Mailing Address 585 East Los Angeles Avenu | ue #H | | M M / | D D / Y Y Y Y |
| | | | | 0 7 | 28 2007 |
| | • | State | Zip Code | | on ID: 21072212 |
| | | CA | 93065-1865 | Amount of | Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | | 30.00 |
| | ACME/RCS Indurance Servic- | ccupation | | 1 | |
| | es Inc. | surance | | _ | |
| | Receipt For: Ag | ggregale | Year-to-Date ▼ | | |
| | Other (specify) | | 180.00 | | |
| | | | | | |
| 3. | Full Name (Last, First, Middle Initial) KYM J. HOPWOOD | | | Date of Re | eceipt |
| | Mailing Address 66 Franklin Street, Suite 210 | M M / | | | |
| | City State Zip Code | | | | 2 8 2 0 0 7 on ID: 21072215 |
| | | CA | 94607-3726 | | Each Receipt this Period |
| | EEO ID combant of a set the time | | 0 1007 0720 | Amount of | · · · · · · · · · · · · · · · · · · · |
| | federal political committee. | | | | 30.00 |
| | Name of Employer | ccupation | | - | |
| | Dealey Renton's Associat- | | Executive | | |
| | | ggregate | Year-to-Date ▼ | | |
| | Primary General | - | 310.00 | | |
| | Other (specify) | 0 0 | 010.00 | | |
| _ | Full Name (Last, First, Middle Initial) DEIRDRE FALLON | | | Date of Re | pooint |
| <i>J</i> . | Mailing Address PO Box 256 | | | M M / | D D / Y Y Y Y |
| | | | | 0 7 | 28 2007 |
| | • | State | Zip Code | | on ID: 21072223 |
| | | NJ | 07762-0256 | Amount of | Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | | 85.00 |
| | Name of Employer Oc | ccupation | | \dashv | |
| | John J. Slattery Associates Inc. | surance | Agent | | |
| | | ggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) | | 595.00 | | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | | |
| | | | | | 145.00 |
| <u>s</u> | UBTOTAL of Receipts This Page (optional) | | ······ | | 1.10.00 |
| T | OTAL This Period (last page this line number only) | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------|--|--|--|--|
| Ar or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | y not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ers PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) ROBERT C. SICHMELLEA Mailing Address 585 East Los Angeles Av City Simi Valley FEC ID number of contributing federal political committee. Name of Employer ACME/RCS Insurance Services Inc. | State CA C Occupation Insurance | e Agent | Date of Receipt M M 28 2007 Transaction ID: 21072233 Amount of Each Receipt this Period 30.00 |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 210.00 | |
| 3. | Full Name (Last, First, Middle Initial) DAN WEBB Mailing Address 2108 24th St Ste 2 City Bakersfield FEC ID number of contributing federal political committee. | State CA | Zip Code 93301-3748 | Date of Receipt M M Z B Z D O 7 Transaction ID: 21072236 Amount of Each Receipt this Period 85.00 |
| | Name of Employer The Webb Insurance Group Receipt For: Primary General Other (specify) ▼ | ` | n g Manager e Year-to-Date ▼ 340.00 | |
| | Full Name (Last, First, Middle Initial) JESSE A PATTON Mailing Address 1112 Maple Street City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Associations Marketing Group Inc. Receipt For: Primary General Other (specify) | State IA C Occupation CEO/Pre Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| s | UBTOTAL of Receipts This Page (optional) | | | 449.00 |
| Т | OTAL This Period (last page this line number on | lv) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 88 (check only one) X 11a |
|--|---|--------------------------------|--|--|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrite | ers PAC (| HUPAC) | |
| Full Name (Last, First, Middle Initial) JAMES Randall SOUTHARD Mailing Address 7204-B West Friendly Avenue | | | | Date of Receipt 0 7 28 2007 |
| | City | State | Zip Code | Transaction ID: 21072240 |
| | Greensboro FEC ID number of contributing federal political committee. | NC C | 27410-6383 | Amount of Each Receipt this Period 30.00 |
| | Name of Employer Professional Benefits Associates LLC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Insurance Aggregate | | |
| 3. | Full Name (Last, First, Middle Initial) JENNIFER L. WENKE Mailing Address 1395 Panther Lane, Suite | e 100 | | Date of Receipt 0 7 2 8 2 0 0 7 |
| | City | Transaction ID: 21072241 | | |
| | <u>Naples</u> | FL | 34109 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Lutgert Smith Lesher Insurance Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | omer Service Rep - L & H e Year-to-Date ▼ 210.00 | |
|). | Full Name (Last, First, Middle Initial) JON SIVERS | | | Date of Receipt |
| Mailing Address 10731 Treena St., # 109 | | | | 07 28 7 2007 |
| | City Son Diago | State | Zip Code | Transaction ID: 21072242 |
| | San Diego FEC ID number of contributing federal political committee. | CA | 92131-1040 | Amount of Each Receipt this Period 30.00 |
| | Name of Employer BenefitPro Insurance Services Inc. | Occupation | e Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 210.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 90.00 |
| T | OTAL This Period (last page this line number onl | v) | | |

| SCHEDUL | .E A (FEC Form 3X) | | Haramanata ada da da (a) | FOR LINE NUMBER: PAGE 70 / 88 |
|----------------------------|---------------------------------------|------------------------------|--|---|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| IIEWIZED | NECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | · | | | 13 14 15 16 17 |
| or for commerci | al purposes, other than using the r | atements may name and add | r not be sold or used by any pers Iress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF C | COMMITTEE (In Full) | | | |
| National A | ssociation of Health Underwr | iters PAC (| HUPAC) | |
| A. RODNEY ST | | | | Date of Receipt |
| Mailing Add | ress 9755 Randall Dr., # 101 | | | 07 28 7 2007 |
| City | | State | Zip Code | Transaction ID: 21072243 |
| <u>Indianapo</u> | is | IN | 46280 | Amount of Each Receipt this Period |
| | ber of contributing cal committee. | C | | 85.00 |
| Name of Em Benefit Inno | ployer vations LLP | Occupation Insurance | | |
| Receipt For: | | | Year-to-Date ▼ | |
| Primar | , <u> </u> | | 935.00 | 7 |
| Other | (specify) ▼ | 0 0 | 333.00 | |
| Full Name (I | ast, First, Middle Initial) VILSON | | | Date of Receipt |
| Mailing Addı | ress 1151 Red Mile Road | 07 28 2007 | | |
| City | | State | Zip Code | Transaction ID: 21072246 |
| Lexington | | KY | 40504-2645 | Amount of Each Receipt this Period |
| | ber of contributing cal committee. | С | | 60.00 |
| Name of Em Benefit Insu | ployer rance Marketi- | Occupation | | |
| ng | | Insurance | | _ |
| Receipt For: Primar | | Aggregate | Year-to-Date ▼ | 7 |
| | (specify) ▼ | 0 0 | 550.00 | |
| | Last, First, Middle Initial) | | | Patro of Provide |
| C. CAROLYNNI Mailing Adds | ess 457 Main Street | | | Date of Receipt |
| Mailing Addi | 437 Main Street | | | 07 28 2007 |
| City | | State | Zip Code | Transaction ID: 21072249 |
| Longmont | | CO | 80501-5534 | Amount of Each Receipt this Period |
| | ber of contributing cal committee. | C | | 30.00 |
| Name of Em Milestone In | ployer surance Agency | Occupation Owner | 1 | |
| | | Aggregate | Year-to-Date ▼ | |
| Primar | | | 210.00 | 7 |
| Other | (specify) ▼ | 0 0 | 210.00 | |
| SUBTOTAL of | <u> </u> | | | 175.00 |
| | Receipts This Page (optional) | | | 175.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 71 / 88 (check only one) X 11a 11b 11c 12 |
|----------------------|---|--|--|---|
| An | y information copied from such Reports and Stat for commercial purposes, other than using the na | tements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | | , | |
| A. | Full Name (Last, First, Middle Initial) DESMOND X. SLATTERY Mailing Address PO Box 256 City Spring Lake FEC ID number of contributing federal political committee. Name of Employer John J. Slattlery Associates Inc. Receipt For: Primary General Other (specify) | State NJ C Occupation Insurance Aggregate | | Date of Receipt M M M / D D Z 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. | Full Name (Last, First, Middle Initial) CHERYL S FARMER Mailing Address 1755 East Bristol Street City Elkhart FEC ID number of contributing federal political committee. Name of Employer Health Resources Inc. Receipt For: Primary General Other (specify) | State IN C C C C C C C C C C C C C C C C C C | | Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| C. | Full Name (Last, First, Middle Initial) JEFF R. MILES Mailing Address 578 Washington Blvd., # City Marina del Rey FEC ID number of contributing federal political committee. Name of Employer The Miles Organization Inc. Receipt For: Primary General Other (specify) ▼ | State CA C Occupation Insurance | | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 21072257 Amount of Each Receipt this Period 85.00 |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 190.00 |
| T | OTAL This Period (last page this line number on | ıly) | | |

PAGE 72 / 88 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) JAMES Randall SOUTHARD Date of Receipt Mailing Address 7204-B West Friendly Avenue 07 28 2007 City State Zip Code Transaction ID: 21072258 Greensboro NC 27410-6383 Amount of Each Receipt this Period FEC ID number of contributing 35.00 C federal political committee. Name of Employer Professional Benefits Associates LLC Occupation Insurance Agent Aggregate Year-to-Date ▼ Receipt For: General Primary 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. JAMES Shannon RICKETTS Date of Receipt Mailing Address 3900 Halisport Drive 07 28 2007 City Zip Code State Transaction ID: 21072265 <u>30152</u> Kennesaw GA Amount of Each Receipt this Period FEC ID number of contributing C 85.00 federal political committee. Name of Employer Purchasing Alliance Solut-Occupation **Executive Vice President** ions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 865.00 Other (specify) Full Name (Last, First, Middle Initial) C. JOSEPH A. KELLIHER Date of Receipt Mailing Address 24 Sawyer Dr. 2007 07 28 City Zip Code State Transaction ID: 21072268 Salem VA 24153 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Benefits Group Inc. Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 88 (check only one) |
|----------------------|---|--------------------------------------|--|--|
| | | | , - | 13 14 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and ado | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwrit | ers PAC (| HUPAC) | |
| <u>΄</u> Α. | Full Name (Last, First, Middle Initial) WAYNE S. SAKAMOTO | | | Date of Receipt |
| | Mailing Address 2664 White Cedar Lane | | | 07 28 7 2007 |
| | City Naples | State FL | Zip Code | Transaction ID: 21072270 |
| | FEC ID number of contributing federal political committee. | C | 34109-0622 | Amount of Each Receipt this Period 30.00 |
| | Name of Employer Health Insurance Interact- ive Inc. Receipt For: Primary General | Occupation Insurance Aggregate | | |
| | Other (specify) ▼ | 0 0 | 280.00 | |
| 3. | Full Name (Last, First, Middle Initial) EDWARD F BYRD Mailing Address PO Box 50164 | | | Date of Receipt |
| | City | State | Zip Code | 0 7 2 8 2 0 0 7 Transaction ID: 21072271 |
| | Columbia | SC | 29250-0164 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Norris-Byrd Group Benefits LLC | Occupation Insurance | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 700.00 | |
|) . | Full Name (Last, First, Middle Initial) DAREN R. ALLEN | | | Date of Receipt |
| | Mailing Address 14744 Timberbluff Drive | | | 07 28 7 2007 |
| | City Chesterfield | State MO | Zip Code 63017-5574 | Transaction ID: 21072273 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 00017-0074 | 30.00 |
| | Name of Employer WellPoint Health Networks | Occupation Director of | n of Agency Sales | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 440.00 | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 160.00 |
| T | OTAL This Period (last page this line number on | ly) |) | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 74 / 88 (check only one) |
|--|---|--------------------------------------|---|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a |
| An or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) National Association of Health Underwri | ters PAC (| HUPAC) | |
| ۹. | Full Name (Last, First, Middle Initial) TRISHA NORKET Mailing Address PO Box 220748 | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 21072274 |
| | Charlotte FEC ID number of contributing federal political committee. | C | 28222-0748 | Amount of Each Receipt this Period 30.00 |
| | Name of Employer Wachovia Insurance Services Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Occupation Insurance Aggregate | | |
| 3. | Full Name (Last, First, Middle Initial) CHRISTA MCCONATHY Mailing Address 5171 Verdugo Way | | | Date of Receipt |
| | | | | 07 28 2007 |
| | City Ventura | State CA | Zip Code 93004 | Transaction ID: 21072276 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 33004 | 85.00 |
| | Name of Employer Golden West Dental Health Plan | Occupation Insurance | e Agent | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 595.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) ERIC D. JOHNSON | | | Date of Receipt |
| | Mailing Address 3510 Willow Ridge Drive | 9 | | 07 28 7 2007 |
| | City Arlington | State TX | Zip Code 76017 | Transaction ID: 21072277 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 70017 | 30.00 |
| Name of Employer BenefitPort Southwest Occ Life | | | n ealth Agent | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 210.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 145.00 |
| T | OTAL This Period (last page this line number or | nly) | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 75 / 88 | | | | | | |
|--------------------------|---|-------------------------|-------------------------------------|--|--|--|--|--|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | | | | | | |
| •• | EMIZED REGEN 10 | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 | | | | | | |
| Δr | ny information copied from such Reports and Sta | temente may | y not be sold or used by any perso | | | | | | | |
| or | for commercial purposes, other than using the n | ame and add | dress of any political committee to | o solicit contributions from such committee. | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | National Association of Health Underwr | iters PAC (| HUPAC) | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) ROBERT C TRETTER | | | Date of Receipt | | | | | | |
| | Mailing Address 13016 Delmar Street | | | 07 28 2007 | | | | | | |
| | City | State | Zip Code | Transaction ID: 21072281 | | | | | | |
| | Leawood | KS | 66209 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | | | | |
| | Name of Employer Thomas McGee L.C. | Occupation | | | | | | | | |
| | Receipt For: | 1 | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 300.00 | 1 | | | | | | |
| | Other (specify) | 0 0 | 300.00 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) STEVEN T. WISNESKI | | | Date of Receipt | | | | | | |
| | Mailing Address 4265 Grand Haven Roa | d, Suite 20 | 0 | M M / D D / Y Y Y Y | | | | | | |
| | City | State | Zip Code | 07 28 2007 | | | | | | |
| | Muskegon | MI | 49441-5546 | Transaction ID: 21072287 Amount of Each Receipt this Period | | | | | | |
| | | | +34+1-33+0 | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | | | | | |
| | Name of Employer Creative Benefit Systems | Occupation President | | | | | | | | |
| | Inc. Receipt For: | | Year-to-Date V | _ | | | | | | |
| | Primary General | riggregate | Total to Bate V | 1 | | | | | | |
| | Other (specify) ▼ | | 330.00 | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| C. | DAN J. SCHWARTZER | 0 '' 000 | | Date of Receipt | | | | | | |
| | Mailing Address 4600 American Parkway | 7, Suite 208 | 3 | 07 28 2007 | | | | | | |
| | City | State | Zip Code | Transaction ID: 21072289 | | | | | | |
| | Madison | WI | 53718-8334 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 30.00 | | | | | | |
| | | | | | | | | | | |
| | | | e Agent • Year-to-Date ▼ | | | | | | | |
| | Primary General | Aggregate | Teal to Bate V | 1 | | | | | | |
| | Other (specify) ▼ | | 280.00 | | | | | | | |
| | | | | 110.00 | | | | | | |
| L _s | UBTOTAL of Receipts This Page (optional) | | ······ | | | | | | | |
| _ | OTAL This Period (last page this line number o | nlv) | 1 | | | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 76 / 88 |
|---------------|---|---------------------------|---|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| 11 | EIVIIZED NECEIP I 3 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | National Association of Health Underwrit | ers PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) CATHERINE BAKAMUS | | | Date of Receipt |
| | Mailing Address PO Box 9 | | | 07 28 7 2007 |
| | City | State | Zip Code | Transaction ID: 21072291 |
| | Longview | WA | 98632-7009 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Bratrud Middleton Insuran- | Occupation | | 7 |
| | ce Brokers Receipt For: | | e Year-to-Date ▼ | 7 |
| | Primary General | 199.19 | | 1 |
| | Other (specify) ▼ | | 280.00 | |
| | | | | 1 |
| В. | Full Name (Last, First, Middle Initial) RAY M. MUSSER | Date of Receipt | | |
| | Mailing Address 404 North Second Avenu | ie, Suite B | } | M M / D D / Y Y Y Y |
| | | , | | 07 28 2007 |
| | City | State | Zip Code | Transaction ID: 21072293 |
| | <u>Upland</u> | CA | 91786-4701 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 85.00 |
| | federal political committee. | C | | 85.00 |
| | Name of Employer Ray M. Musser & Associates | Occupation | n | |
| | Inc. | Insurance | e Agent | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | E0E 00 | 1 |
| | Other (specify) ▼ | | 595.00 | J |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | ERIC J JOHNSON | | | Date of Receipt |
| | Mailing Address P.O. Box 244261 | | | 07 28 7 2007 |
| | City | State | Zip Code | Transaction ID: 21072295 |
| | Anchorage | AK | 99503-2647 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | 30.00 | | |
| | Name of Employer Innovative Benefit Design | Occupation | | |
| | | Insurance | | \dashv |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 230.00 | |
| | Other (specify) ▼ | | | 1 |
| _ | | | | <u></u> |
| | | | | 145.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | 145.00 |
| $\overline{}$ | | | | - |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | I se separate schedule(s) FOR LINE NUMBER: PAGE | | | | | | |
|--------------------------|---|-----------------------|--|--|---|--|--|--|--|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11 13 14 | \vdash | | | | | |
| Ar | ny information copied from such Reports and St for commercial purposes, other than using the | atements may | not be sold or used by any person dress of any political committee to | on for the purpose of solicit contributions f | soliciting contributions from such committee. | | | | | |
| abla | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | National Association of Health Underw | riters PAC (| HUPAC) | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) ANNE P SPERLING | | | Date of Receip | | | | | | |
| | Mailing Address 25 Antigua Road | O: : | 7:01 | 07 | 28 2007 | | | | | |
| | City | State | Zip Code | Transaction ID | | | | | | |
| | Santa Fe | NM | 87508-2201 | Amount of Eac | h Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 40.00 | | | | | |
| | Name of Employer Daniels Insurance Inc. | Occupation Employe | n e Benefits Manager | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 000.00 | 1 | | | | | | |
| | Other (specify) ▼ | 0 0 | 380.00 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) DALE R. LOWENSTEIN | | | Date of Receip | ıt . | | | | | |
| | Mailing Address PO Box 8577 | | | 07 | 28 / | | | | | |
| | City | State | Zip Code | Transaction ID |): 21072313 | | | | | |
| | Calabasas | CA | 91372-8577 | Amount of Eac | h Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 | | | | | |
| | Name of Employer Dale R. Lowenstein Insura- | Occupation | | | | | | | | |
| | nce Services | Insurance | | _ | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | - | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) CHARLES A WEBB | | | Date of Receip | ıt | | | | | |
| | Mailing Address 15 S. Jefferson Street | | | 07 | 28 2007 | | | | | |
| | City | State | Zip Code | Transaction ID |): 21072314 | | | | | |
| | Roanoke | VA | 24011-1303 | Amount of Eac | h Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 85.00 | | | | | |
| | Name of Employer Benefits Group Inc. | Occupation | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) | | 425.00 | 1 | | | | | | |
| _ | | 0 0 | 0 0 0 0 0 0 0 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 175.00 | | | | | |
| \vdash | | | | - | | | | | | |

TOTAL This Period (last page this line number only)

PAGE 78 / 88 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) WARD MCKALSON Date of Receipt Mailing Address 532 Pajaro Street 07 2007 28 Zip Code City State Transaction ID: 21072317 Salinas CA 93901-3346 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer McKalson Insurance Agency Occupation President Aggregate Year-to-Date ▼ Receipt For: General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. TERESA F DEBRUIN Date of Receipt Mailing Address 5880 Live Oak Parkway 07 28 2007 Suite 230 City State Zip Code Transaction ID: 21072331 **Norcross** GA 30092-2188 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer DeBruin Benefit Services Inc./ AA LaR Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) Full Name (Last, First, Middle Initial) C. STEPHEN SALAMON Date of Receipt Mailing Address PO Box 4252 2007 07 28 Citv State Zip Code Transaction ID: 21072346 **Timonium** MD 21094-4252 Amount of Each Receipt this Period FEC ID number of contributing 85.00 C federal political committee. Name of Employer Heritage Financial Consul-tants LLC Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 165.00 SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUM | BER: PAGE 79/88 | | | | | |
|--|--|--------------|-------------------------------------|-----------------------------|--|--|--|--|--|--|
| ITEMI | ZED RECEIPTS | | or each category of the | (check only one) | | | | | | |
| | | | Detailed Summary Page | X 11a 1 | 1b 11c 12 4 15 16 17 | | | | | |
| Any infor | mation copied from such Reports and Sta | atements may | not be sold or used by any perso | | | | | | | |
| or for con | nmercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions | from such committee. | | | | | |
| NAME | OF COMMITTEE (In Full) | | | | | | | | | |
| > Natio | nal Association of Health Underwr | iters PAC (| HUPAC) | | | | | | | |
| <u></u> | and the Elect Medalla Level | | | | | | | | | |
| _ | ame (Last, First, Middle Initial) E A PATTON | | | Date of Receipt | | | | | | |
| | g Address 1112 Maple Street | | | | D D / Y Y Y Y | | | | | |
| | <u> </u> | | | 07 | 22 2007 | | | | | |
| City | | State | Zip Code | | D : 21072347 | | | | | |
| West | Des Moines | <u>IA</u> | 50265 | Amount of Ea | ch Receipt this Period | | | | | |
| | D number of contributing Il political committee. | С | | | 334.00 | | | | | |
| Name | of Employer | Occupation | 1 | | | | | | | |
| Assoc oup I | ciations Marketing Gr- nc. | CEO/Pre | sident | | | | | | | |
| Recei | ot For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 1661.00 | 1 | | | | | | |
| | Other (specify) ▼ | 0 0 | 1001.00 | 1 | | | | | | |
| | L ame (Last, First, Middle Initial) E A PATTON | | | Date of Recei | pt | | | | | |
| | g Address 1112 Maple Street | | | | 22 2007 | | | | | |
| City | | State | Zip Code | Transaction I | D : 21072348 | | | | | |
| West | Des Moines | IA | 50265 | | ch Receipt this Period | | | | | |
| | D number of contributing I political committee. | C | | | 334.00 | | | | | |
| Name | of Employer stations Marketing Gr- | Occupation | า | | | | | | | |
| <u>oup I</u> | nc. | CEO/Pre | | | | | | | | |
| | ot For: | Aggregate | e Year-to-Date ▼ | _ | | | | | | |
| | Primary General Other (specify) ▼ | , , | 1995.00 | | | | | | | |
| | Other (specify) | | | 1 | | | | | | |
| | ame (Last, First, Middle Initial) SA F DEBRUIN | | | Date of Recei | nt | | | | | |
| - | g Address 5880 Live Oak Parkway | ı | | | | | | | | |
| | Suite 230 | ' | | 07 | 31 2007 | | | | | |
| City | | State | Zip Code | Transaction I | D : 21231169 | | | | | |
| <u>Norc</u> | ross | <u>GA</u> | 30092-2188 | Amount of Ea | ch Receipt this Period | | | | | |
| | D number of contributing | С | | | 0.00 | | | | | |
| redera | Il political committee. | | | | | | | | | |
| Name of Employer DeBruin Benefit Services DeBruin Benefit Services | | Occupation | | | | | | | | |
| Inc./ AA LaR Insurance Receipt For: Aggregate | | | - | | | | | | | |
| | | | Year-to-Date ▼ | [MEMO ITEN | M] | | | | | |
| | Primary General Other (specify) ▼ | ' ' | 370.00 | Refund(s) on Totaling \$30. | Schedule B 00 This chan- Total to \$370- | | | | | |
| | (-1: 7) ▼ | | 0 0 0 0 0 0 0 | ges the YTD | Total to \$370- | | | | | |
| SURTO | FAL of Receipts This Page (optional) | | | , | 668.00 | | | | | |
| - 55510 | TAE OF HOOCIPIO THIS I age (optional) | | | - | | | | | | |
| TOTAL | This Period (last page this line number o | nly) | | | 22681.00 | | | | | |

| S | CHEDULE B (FEC Form 3X) | | | | | | | | | | |
|------------------------------|--|-------------------------------------|---------------------------------|--------------------------|--|------------------|-----------|----------------|--|--|--|
| IT | EMIZED DISBURSEMENTS | for each o | category of the Summary Page | (check only 21b 27 | one) 22 28a | 23 24 28b 28c | 25 29 | 26 30b | | | |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | ıs | | | |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) National Association of Health Underwriter | | | | ion contribu | ions non such | Committee | | | | |
| ١. | Full Name (Last, First, Middle Initial) Bank of America | | | | | ion ID: 21076 | 511 | | | | |
| | Mailing Address 7810 Old Branch Avenue | | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$ | | | | | | |
| | • | State MD | Zip Code 20735 | | Amount of Each Disbursement this Period | | | | | | |
| | Purpose of Disbursement Credit card processing fees | | | 001 | | | 397. | 67 | | | |
| | Candidate Name | | | Category/ Type | | | | | | | |
| | Senate President | ement For: Primary Other (spe | General cify) ▼ | | Credit ca es | ard processing | g fe- | | | | |
| 3. | State: District: Full Name (Last, First, Middle Initial) Bank of America | | | | | ion ID: 21076 | 512 | | | | |
| | Mailing Address 7810 Old Branch Avenue | ; | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | |
| | , | State MD | Zip Code 20735 | | Amount of Each Disbursement this Period | | | | | | |
| | Purpose of Disbursement Bank service charge Candidate Name | | | 001 Category/ Type | <u> </u> | | 112. | 12 | | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary Other (spe | General cify) ▼ | | Bank ser | vice charge | | | | | |
| Э. | Full Name (Last, First, Middle Initial) American Express | | | | | ion ID: 21076 | 513 | | | | |
| | Mailing Address PO Box 53852 | | | | 0 7 M | / 17 / | Ý ŽOĎ7 | 7 ^Y | | | |
| | | State AZ | Zip Code 85072-3852 | | Amount o | of Each Disburs | | | | | |
| | Purpose of Disbursement Credit card processing fees Candidate Name | | | 001 Category/ Type | L | | 4. | 50 | | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary Other (spe | General cify) ▼ | туре | Credit ca es | ard processing | g fe- | | | | |
| s | UBTOTAL of Disbursements This Page (optional) . | | | <u>►</u> | | | 514. | 29 | | | |
| T. | OTAL This Period (last page this line number only) | | | | | • • • • | • | | | | |

Image# 27990494216

| ~ | | | | | | | | | |
|---------------|---|--------------------------|------------|--|--|--|--|--|--|
| 50 | CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | | NUMBER: PAGE 81 / 88 | | | | | |
| IT | EMIZED DISBURSEMENTS | for each category of the | (check onl | y one) | | | | | |
| • | | Detailed Summary Page | X 21b | 22 23 24 25 26 | | | | | |
| | | | 27 | 28a 28b 28c 29 30b | | | | | |
| | y Information copied from such Reports and State for commercial purposes, other than using the nan | , | | , , | | | | | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | | | | | |
| \rangle | National Association of Health Underwrite | ers PAC (HUPAC) | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | Transaction ID: 21076514 | | | | | |
| ۹. | American Express | | | Date of Disbursement | | | | | |
| | | | | $\begin{bmatrix} \begin{smallmatrix} M & M & M & D & D & D \\ D & T & D & D & D \\ D & D & D & D & D \\ \end{smallmatrix}$ | | | | | |
| | Mailing Address PO Box 53852 | | | 07 23 2007 | | | | | |
| | City | State Zip Code | | Amount of Each Disbursement this Period | | | | | |
| | Phoenix | AZ 85072-3852 | | | | | | | |
| | Purpose of Disbursement | | | 239.20 | | | | | |
| | Credit card processing fees | | 001 | | | | | | |
| | Candidate Name | | Category/ | | | | | | |
| | | | Туре | | | | | | |
| | Office Sought: House Disburs | ement For: | | Credit card processing fe- | | | | | |
| | Senate | Primary General | | es | | | | | |
| | President | Other (specify) | | | | | | | |
| | State: District: | | | | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 239.20 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <u> </u> | 753.49 |

| SCHEDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | (check onli | IE NUMBER: PAGE 82 / 8 nlv one) | | | | | | | |
|---|--|-------------------|---|---------------------------------------|----------|-----------|-----------|--|--|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 28a | | 4 8c | 25 29 | 26 30b | | | |
| Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | and address of any political co | mininge to Sc | mon continuu | uona nom su | on comil | III.LEE | | | | |
| National Association of Health Underwriter | s PAC (HUPAC) | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | tion ID: 2069 | 90380 | | | | | |
| Rogers For Congress | | | | Disbursement | YY | Y . Y | (| | | |
| Mailing Address Post Office Box 581 | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | |
| City Brighton | State Zip Code MI 48116 | | Amount o | of Each Disbu | ırsement | this Pe | eriod | | | |
| Purpose of Disbursement | | | | | 1 | 000.00 | ו | | | |
| Contribution | | 011 | | | | | | | | |
| Candidate Name Rep. Michael J. Rogers | | Category/ Type | | | | | | | | |
| Senate X President | ement For: 2008 Primary General Other (specify) | | Contribu | Contribution | | | | | | |
| State: MI District: 8 | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) 3- Jerry Weller For Congress Inc. | | | | t ion ID: 2069 Disbursement | 0361 | | | | | |
| | | | M M | / D D / | YYY | 0 ŏ 7 ` | 1 | | | |
| Mailing Address P.O. Box 2368 | | | 0.7 | 0.6 | . 2 | 007 | | | | |
| City Joliet | State Zip Code IL 60434 | | Amount o | of Each Disbu | ırsement | this Pe | eriod | | | |
| Purpose of Disbursement | | 500.00 | | | | | | | | |
| Contribution Candidate Name | | | | | | | | | | |
| Rep. Gerald C. Weller | | Category/ Type | | | | | | | | |
| X | ment For: 2008 Primary General Other (specify) | | Contribution | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transact | tion ID: 2072 | 2107 | | | | | |
| Kenny Marchant For Congress | | | | Disbursement | | | | | | |
| Mailing Address PO Box 110187 | | | 0 7 M | 11 | y y | 0 0̈́7 ̈́ | | | | |
| City Carrollton | State Zip Code TX 75011 | | Amount o | of Each Disbu | ırsement | this Pe | eriod | | | |
| Purpose of Disbursement Contribution | | 011 | | | . 1 | 500.00 |) | | | |
| Candidate Name | | Category/ | | | | | | | | |
| Rep. Kenneth Marchant | ement For: 2008 | Туре | | | | | | | | |
| · — | ment For: 2008 Primary General Other (specify) ▼ | | Contribu | tion | | | | | | |
| Side In Biolific E1 | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | | | 30 | 00.00 |) | | | |
| TOTAL This Period (last page this line number only) | | ▶ | | | | | | | | |

| | Use seperate schedule(s) | (check onl | | ly one) | | | | | 03/0 | 00 | |
|--|---|-----------------|-----------|---------------------------|------------------|-----------------------|-------------------|---------|----------|------|-----------|
| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21b 27 | $\bigcap_{i=1}^{n} 2^{i}$ | ´ — | X 23 28b | 24 28c | P | 25 29 | П | 26 30b |
| Any Information copied from such Reports and Stat | | | | | | | | | | 5 | |
| or for commercial purposes, other than using the na | me and address of any political co | mmitte | e to s | olicit | contrib | utions fro | om such | comn | nittee | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| / National Association of Health Underwrit | ers PAC (HUPAC) | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Т | ransac | ction ID: | 207220 |)58 | | | |
| Ron Lewis For Congress | | | | | | Disburse | | | | 1/ | |
| Mailing Address PO Box 307 | | | |] [| 07 | / D | D / | ž | 0 0 7 | Y | |
| City | State Zip Code | | | Α | mount | of Each | Disburse | emen | t this P | erio | t |
| Elizabethtown Purpose of Disbursement | KY 42702 | | _ | - [| | | | 1 | 1000.0 | 00 | ٦ |
| Contribution | | 011 | | ' | _ | | | | | - | _ |
| Candidate Name | | Catego | y/ | | | | | | | | |
| Rep. Ron Lewis Office Sought: X House Disbut | sement For: 2008 | Туре | | | | | | | | | |
| | X Primary General | | | С | ontrib | ution | | | | | |
| President | Other (specify) | | | | | | | | | | |
| State: KY District: 2 | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | ction ID: Disburse | : 207221 | 13 | | | |
| | | | | | M M | | 1 / | Y Y | 0 ŏ 7 | Υ | |
| Mailing Address PO Box 3176 | | | | L | 0 7 |] [] | 1 | - 2 | 007 | | |
| City Long Branch | State Zip Code NJ 07740 | | | Α | Mount | of Each | Disburse | emen | t this P | erio | t |
| Purpose of Disbursement | 110 07740 | 07740 | | | 1000.00 | | | | | | |
| Contribution | | 011 | | | | | | | | | |
| Candidate Name Rep. Frank Pallone, Jr. | | | | | | | | | | | |
| | sement For: 2008 | Туре | | 1_ | | | | | | | |
| 9 2 | X Primary General | | | Contribution | | | | | | | |
| President | Other (specify) | | | | | | | | | | |
| State: NJ District: 6 Full Name (Last, First, Middle Initial) | | | | | | | | | | | — |
| John Sullivan For Congress | | | | | | ction ID: Disburse | : 207213 ement | 370 | | | |
| McTar Address Barrier Barrier | | | | - [| 0 ^M 7 | / D | D / | ΥΫ́Υ | 0 0 7 | Υ | |
| Mailing Address Post Office Box 47084 | J | | | L | 0 1 | نــا ا | | | 007 | | |
| City Tulsa | State Zip Code OK 74147 | | | Α | mount | of Each | Disburse | emen | t this P | erio | t |
| Purpose of Disbursement | OK 74147 | | _ | - [| | | | 1 | 1000.0 | 00 | ٦ |
| Contribution | | 011 | | | | | | | | | |
| Candidate Name Rep. John Sullivan | | Categoı Type | y/ | | | | | | | | |
| <u> </u> | sement For: 2008 | Турс | | ١. | | | | | | | |
| Senate | X Primary General | | | | ontrib | ution | | | | | |
| State: OK District: 1 | Other (specify) | | | | | | | | | | |
| State. On DISTICT. I | | | | | | | | | | _ | _ |
| SUBTOTAL of Disbursements This Page (optional | l) | | • | | | | | 3 | 0.000 | 0 | |
| TOTAL This David Mark and M. P. | | | _ | Ī | | | | - | | - | Ī |
| TOTAL This Period (last page this line number on | V) | | • | | | | | | | | |

| | SILDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | | | | | E NUMBER: PAGE 84 / 88 | | | | | | | |
|-----------|--|---------------------------------------|-----------------------------------|-------|---------------|----------------------|------------------------------------|-------------|------------------|--------|-----------|-----------|--|--|
| IT | EMIZED DISBURSEMENTS | for each category Detailed Summary | | ļĖ | 21b 27 | , iiy 0 | · - | X 23 28b | 24 | _ | 25 29 | 26 30b | | |
| | y Information copied from such Reports and Statem | | | | | | | | | | | | | |
| Or | for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | e and address of any | political col | 11111 | iillee lo | SOIIC | t Contrik | outions i | rom suc | n com | Tilllee | | | |
| \rangle | National Association of Health Underwriter | s PAC (HUPAC) | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | Transa | ction IE |) : 2072: | 2060 | | | | |
| ٠. | Tom Feeney For Congress | | | | | Date of Disbursement | | | | | | | | |
| | Mailing Address 1420 Alafaya Trail #103 | | | | | | 07 | | | | | | | |
| | | | | | | | Amoun | t of Eac | h Disbui | semer | nt this P | eriod | | |
| | Purpose of Disbursement | -L 32/65 | | | | | | | | | 1000.0 | 0 | | |
| | Contribution | | | 0 | 11 | | | | | | | | | |
| | Candidate Name Rep. Tom Feeney | | C | | egory/ ype | | | | | | | | | |
| | Senate X President | | 008 General | | | | Contrib | oution | | | | | | |
| | State: FL District: 24 | | | | | | | | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc | | | | | | | ction IE |): 2072 | 1510 | | | | |
| | | | | | | | M M | / D | D / | Y | 0 ŏ 7 | Υ | | |
| | Mailing Address 6850 Austin Centre Blvd Suite 180 | | | | | | 0 7 | | 11 | - | | | | |
| | • | State Zip Co TX 7873 ⁻ | | | | | Amount of Each Disbursement this P | | | | | | | |
| | Purpose of Disbursement | | | | | | 1000.00 | | | | | | | |
| | Contribution Candidate Name | | | | 11 | | | | | | | | | |
| | Sen. John Cornyn | Category/ Type | | | | | Contribution | | | | | | | |
| | X Senate X President | | nent For: 2008 Primary General | | | | | | | | | | | |
| | State: TX District: 2 | | | | | | | | | | | | | |
| Э. | Full Name (Last, First, Middle Initial) Reynolds For Congress | | | | | | Date of | Disburs | | | | V | | |
| | Mailing Address PO Box 15388 Pittsford | | | | | | 07 | / D | 20 | 2 | 2 0 ŏ 7 | 1 | | |
| | | State Zip Co NY 1461 | | | | | Amoun | t of Eac | h Disbui | rsemer | nt this P | eriod | | |
| | Purpose of Disbursement Contribution | | Γ | 0 | 11 | | | | | | 1000.0 | 0 | | |
| | Candidate Name Rep. Thomas M. Reynolds | | | | egory/ ype | | | | | | | | | |
| | Office Sought: X House Disburse | | 008 General | | | | Contrib | oution | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) . | | | | . • | | | | | 3 | 0.00 | 0 | | |
| | | | | | | • | | | | | - | | | |
| T | OTAL This Period (last page this line number only) | | | | | • | | | | | | | | |

| | CHEDOLL B (I LOT OHII 3X) | Use seperate schedule(s |) | | check on | : NUMBE | | | | I AC | àE 85/ | 00 | | |
|-----------|--|---|--------|-----------|-------------|------------------|---|-----------|-------|-------------|-----------|----------------|--|--|
| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | Ë | 21b 27 | 22 28a | Х | 23 28b | П | 24 28c | 25 29 | 26 30b | | |
| | Information copied from such Reports and State | | | | | | | | | | | | | |
| ori | or commercial purposes, other than using the nan | e and address of any politica | ai com | ırrıı | ttee to s | Olicit cont | ribut | ions II | rom s | such co | mmittee |) | | |
| \rangle | National Association of Health Underwrite | rs PAC (HUPAC) | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Lot Of People For Dave Obey | | | | | Date | of D | isburs | eme | 35998 nt | | Y | | |
| | Mailing Address 525 Washington St PO Box 1322 | | | | | 0 7 | | 2 | 2 0 | | žoŏ | 7 | | |
| | City Wausau | State Zip Code WI 54402 | | | | Amou | ınt o | f Each | n Dis | bursem | ent this | | | |
| | Purpose of Disbursement Contribution | | _ | 01 | |] L. | | | | | 1000 | .00 | | |
| | Candidate Name Rep. David R. Obey | | | ate Ty | gory/ pe | | | | | | | | | |
| | X | ement For: 2008 Primary General Other (specify) | | | | Contr | ibut | ion | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazqu | ez To Conare | | | | 1 | | on ID | | 36005 | 4 | | | |
| | Mailing Address 315 Inspiration Lane | | | | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{smallmatrix} 7 \end{smallmatrix} $ | | | | | | | |
| | City Code | | | | | | | | | | | | | |
| | City Gaithersburg | State Zip Code MD 20878 | | | | Amou | ınt o | f Each | n Dis | bursem | nent this | | | |
| | Purpose of Disbursement Contribution | | | 01 | | 1000.00 | | | | | | | | |
| | Candidate Name Rep. Nydia M. Velazquez | gory/ pe | | | | | | | | | | | | |
| | v 12 | ement For: 2008 Primary General Other (specify) | | | | Contr | ibut | ion | | | | | | |
| С. | Full Name (Last, First, Middle Initial) Kline For Congress | | | | | | | on ID | | 36026 nt | 3 | | | |
| | Mailing Address 101 Burnsville Parkway Suite 104 | | | | | 0 ^M 7 | М | / D | 20 | / Y | ž 0 ŏ | 7 ^Y | | |
| | City Burnsville | State Zip Code MN 55337 | | | | Amou | ınt o | f Each | n Dis | bursem | ent this | Period | | |
| | Purpose of Disbursement Contribution 011 | | | | | | - | | | | 1000 | .00 | | |
| | Candidate Name Rep. John Kline Category/ Type | | | | | | | | | | | | | |
| | Senate) President | ement For: 2008 Primary General Other (specify) | | | | Contr | ibut | ion | | | | | | |
| | State: MN District: 2 | | | | | | | | | | 3000 | | | |

| | SHEDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | | | heck on | : NUMBE | | | | IA | غE 86 | 7 00 | | | |
|------------------------|---|---|------------|-------------|-------------|--|-------|--|-------|-------------|-----------|----------|--|--|--|
| ITEMIZED DISBURSEMENTS | | for each category of the Detailed Summary Page | F | | 21b 27 | 22 28a | Х | 23 28b | П | 24 28c | 25 29 | 26 30 | | | |
| | y Information copied from such Reports and Statem | | | | | | | | | | | | | | |
| or | for commercial purposes, other than using the name | e and address of any political c | omr | mii | tee to so | DIICIT CONT | ribut | ions ti | rom s | sucn co | ommitte | e | | | |
| \rangle | NAME OF COMMITTEE (In Full) National Association of Health Underwriter | s PAC (HUPAC) | | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | Trans | sact | ion ID | : 208 | 36026 | 64 | | | | |
| Α. | Charles Boustany Jr. For Congress | Date of Disbursement | | | | | | | | | | | | | |
| | Mailing Address Post Office Box 80126 | | | | | 0 7 | IVI | ′ | 2 Ŏ | / _ * | ž o ŏ | 7 | | | |
| | City Lafayette | State Zip Code LA 70598 | | | | Amou | ınt o | f Each | n Dis | bursen | nent this | s Period | | | |
| | Purpose of Disbursement | 7 0000 | | | | | | | | | 1000 | 0.00 | | | |
| | Contribution | | (| 01 | 1 | | | | | | | | | | |
| | Candidate Name Rep. Charles W. Boustany, Jr. | | | teς Γyμ | gory/ pe | | | | | | | | | | |
| | X | ment For: 2008 Primary General Other (specify) | | | | Contr | ribut | tion | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | _ | | | | | | | | | |
| В. | Texas Freedom Fund | | | | | Transaction ID: 20859930 Date of Disbursement | | | | | | | | | |
| | Mailing Address 104 East Hume Avenue | | | | | | | $\begin{array}{c c} & \begin{array}{ccccccccccccccccccccccccccccccccccc$ | | | | | | | |
| | City Alexandria | State Zip Code VA 22301 | | | | Amou | ınt o | f Each | n Dis | bursen | | Period | | | |
| | Purpose of Disbursement Contribution 011 | | | | | | | 1500.00 | | | | | | | |
| | Candidate Name | | | teς Γyμ | gory/ be | | | | | | | | | | |
| | Senate President | ment For: Primary General Other (specify) ▼ | | | | Contribution | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Larson For Congress | | | | | 1 | | i on ID isburs | | 39362 nt | 22 | | | | |
| | Mailing Address 29 Ruff Circle | | | | | 0 ^M 7 | М | / D | 2 6 | / Y | žoŏ | 7 | | | |
| | City Glastonbury | State Zip Code CT 06033 | | | | Amou | ınt o | f Each | n Dis | bursen | nent this | Period | | | |
| | Purpose of Disbursement Contribution | | (| 01 | 1 | L. | _ | | | | 1000 | 0.00 | | | |
| | Candidate Name Rep. John B. Larson | | teς Γур | gory/ be | | | | | | | | | | | |
| | 9 1 | ment For: 2008 Primary General Other (specify) | | | | Contribution | | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | | | • | | - | * | • | | 3500 | 0.00 | | | |

| 01 | NUEDIU E D /EEC Farm | · 2V | | | | | | | | |
|----------|---|------------------------------|---------------------------------------|-----------------|---|-----------------|--|--|--|--|
| | CHEDULE B (FEC Form | ′ Use sep | FOR LINE (check onl | | PAGE 87 / 88 | | | | | |
| IT | EMIZED DISBURSEME | | category of the | 21b | y Grie) ☐ 22 | 7 25 | | | | |
| | | Detailed | d Summary Page | 27 | 28a 28b 28c | 29 30b | | | | |
| Any | / Information copied from such Repo | ts and Statements may | not be sold or user | d by any person | for the purpose of solicating con | tributions | | | | |
| or f | or commercial purposes, other than u | ising the name and address | ess of any political | committee to so | licit contributions from such con | nmittee | | | | |
| Λ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| 17 | National Association of Health | Underwriters PAC (F | IUPAC) | | | | | | | |
| \angle | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) | | | | Transaction ID: 20893613 | } | | | | |
| Α. | Hulshof For Congress | | | | Date of Disbursement | | | | | |
| | Mailing Address Post Office B | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 2 0 0 7 ° | | | | |
| | Walling Address 1 Ost Office L | 0. 1021 | | | | | | | | |
| | City | State | Zip Code | | Amount of Each Disburseme | ent this Period | | | | |
| | Columbia | MO | 65010 | | | | | | | |
| | Purpose of Disbursement | | | | | 1000.00 | | | | |
| | Contribution | | | 011 | | | | | | |
| | Candidate Name Rep. Kenny C. Hulshof | | | Category/ | | | | | | |
| | | Disbursement For: | 2008 | Туре | | | | | | |
| | Office Sought: X House Senate | X Primary | General | | Contribution | | | | | |
| | President | Other (sp | | | | | | | | |
| | State: MO District: 9 | | √ VOCy) V | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | Transaction ID: 20002626 | <u> </u> | | | | |
| В. | Bilirakis For Congress | | | | Transaction ID: 20893623 Date of Disbursement |) | | | | |
| | | | | | | 2 0 0 7 ° | | | | |
| | Mailing Address 610 South Bo | oulevard | | | 07 26 | 2007 | | | | |
| | City | State | Zip Code | | Amount of Each Disburseme | ent this Period | | | | |
| | Tampa | FL | 33606 | | | | | | | |
| | Purpose of Disbursement | | | | | 1000.00 | | | | |
| | Contribution | | 011 | | | | | | | |
| | Candidate Name Rep. Gus Bilirakis | | | Category/ | | | | | | |
| | | Distance = | | Туре | | | | | | |
| | Office Sought: X House Senate | Disbursement For: X Primary | 2008 General | | Contribution | | | | | |
| | President | Other (sp | | | | | | | | |
| | State: FL District: 9 | Culci (sp | · · · · · · · · · · · · · · · · · · · | | | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 2000.00 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | — | 17500.00 |

Image# 27990494223

| \sim | ALIEDIU E D | /EEAE / | • • • • | | | | | | | | | | | | | | |
|-----------------|---|----------------------------|-------------|-------------------|---------------------------------|-------------------------|---------------------|---|------------------|--------|-----------|-------|-----------|--------|----------|------|-----------|
| 50 | CHEDULE B | (FEC Form 3 | Use sene | erate schedule(s) | | | | E NUMBER: | | | | | ЭE | 88 / 8 | | | |
| IT | EMIZED DISE | BURSEMEN | TS | for each | category of the Summary Page | (C | heck o 21b 27 | nly o | ne) 22 28a | ш. | 23 28b | ш | 24 28c | П | 25 29 | | 26 30b |
| | y Information copied for commercial purpo | | | • | | | • | | | • | | | _ | | | 3 | |
| $\overline{\ }$ | NAME OF COMMIT | TEE (In Full) | | | | | | | | | | | | | | | |
| / | National Associa | tion of Health Ur | nderwriters | PAC (HI | JPAC) | | | | | | | | | | | | |
| | Full Name (Last, Fir | st, Middle Initial) | | | | | | | Trans | actio | n ID: | 210 | 7402 | '1 | | | |
| ۹. | TERESA F DEBF | RUIN | | | | | | | Date | of Dis | burse | emer | nt | | | | |
| | Mailia a Aalakaa | 500011 0.1 | | | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | | |
| | Mailing Address | 5880 Live Oak Suite 230 | Parkway | | | | | | 0 7 | | | . 0 | | | 007 | | |
| | City | | | tate | Zip Code | | | | Amou | nt of | Each | Disk | oursen | nent | this F | erio | d |
| | Norcross | | (| 3A | 30092-2188 | | | | | - | | - | - | - | 00.6 | | |
| | | Purpose of Disbursement | | | | | | | | | | | | | 30.0 |)0 | |
| | Refund for contribut | ion | | | | 01 | | | | | | | | | | | |
| | Candidate Name | | | | | Cate Ty _l | • , | | | | | | | | | | |
| | Office Sought: | House | Disbursen | nent For: | | | | | Rofun | d fo | r con | trihi | ution | | | | |
| | | Senate | | Primary | General | | Refund for contrib | | | | | | ution | | | | |
| | | President | | Other (spe | ecify) | | | | | | | | | | | | |
| | State: |)istrict: | I | | | | | | | | | | | | | | |

| | | | - | | | |
|---|----------|----|---|--|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | • | L. | | | | 30.00 |
| TOTAL This Period (last page this line number only) | <u> </u> | | | | | 30.00 |