FEC FORM 3X	AN	ID DISI	OF REC BURSEI An Authoria		ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING		Example:If typing over the lines	, type			
	n of Health Unc	lerwriters PAC	(HUPAC)					
ADDRESS (number and	street)	. O. Box 7135						
Check if differ than previousl reported. (ACC	У <u>,</u> М	/ashington					20044	7135
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛦		S	STATE	ZIPCOD	E 🔺
C00283135			3. IS THI REPO		NEW N) <b>OR</b>	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 2 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(d) 30-Da	Election t for the:	ИЗ)	12C)	Sep 2	20 (M9) 20 (M10) 2G) 2G) in the State of	Special (30S)
5. Covering Period       03       01       2007       through       03       31       2007         I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.       Type or Print Name of Treasurer       Wade S. Williams         Signature of Treasurer       Electronically Filed by       Wade S. Williams       Date       04       16       2007         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.								
Office Use Only							FEC FORM (Rev. 02/200	

# SUMMARY PAGE

RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
v	Vrite or Type Committee Name National Association of Health Under	writers PAC (HUPAC)	
F	Report Covering the Period: From:	M M 0 3 0 1 2 0 0 7	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (	(a) Cash on Hand January 1 <sup>Y</sup> 2007 <sup>Y</sup> <sup>Y</sup>		41981.92
	(b) Cash on Hand at Begining of Reporting Period	96855.17	
	(c) Total Receipts (from Line 19)	23357.34	116362.17
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	120212.51	158344.09
7.	Total Disbursements (from Line 31)	44734.78	82866.36
8.	Cash on Hand at Close of		
	Reporting Period		
	(subtract Line 7 from Line 6(d))	75477.73	75477.73
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY	-	
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

### For further information contact:

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

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

**DETAILED SUMMARY PAGE** OF RECEIPTS FEC Form 3X (Rev. 02/2003) Page 3 Write or Type Committee Name National Association of Health Underwriters PAC (HUPAC) <sup>м</sup> м 0 З 0<sup>D</sup>1 <sup>м</sup> м 3<sup>□</sup>1 D 2007 D 2007 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 10764.00 56671.00 (i) Itemized (use Schedule A) ..... 12593.34 59679.17 (ii) Unitemized ..... (iii) TOTAL (add 23357.34 116350.17 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry

23357.34

23357.34

	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) Þ	23357.34
12.	Transfers From Affiliated/Other Party Committees	0.00
13.	All Loans Received	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal candidates and Other	0.00
	Political Committees	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00
18.	Transfers from Non-Federal and Levin Funds	
	(a) Non-Federal Account (from Schedule H3)	0.00
	(b) Levin Funds (from Schedule H5)	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

			0.00
ļ			0.00
			0.00

116350.17

			12.00
			0.00
			0.00

	 	 		0.00
				0.00
			• •	0.00

	 116362.17
	 116362.17

## DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	18234.78	41286.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	18234.78	41286.36
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	26500.00	42000.00
and Other Political Committees	0.00	0.00
(use Schedule E) Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made		
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	80.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	80.00
Other Disbursements	0.00	-500.00
<ul> <li>Federal Election Activity (2 U.S.C 431(20))</li> <li>(a) Shared Federal Election Activity</li> <li>(from Schedule H6)</li> </ul>		
(i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	44734.78	82866.3
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)		

# DETAILED SUMMARY PAGE

	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)	23357.34	116350.17
34.	Total Contribution Refunds (from Line 28(d))	0.00	80.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23357.34	116270.17
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18234.78	41286.36
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	18234.78	41274.36

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 6 / 47         (check only one)       (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	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right $	NAME OF COMMITTEE (In Full) National Association of Health Underwri	tors PAC (		
$\square$				
Α.	Full Name (Last, First, Middle Initial) Lorraine Flint			Date of Receipt
	Mailing Address PO Box 93546			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 19318068
	Albuquerque	NM	87199-3546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		730.00
	Name of Employer Flint & Associates Inc.	Occupation President		_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	1 1	730.00	]
в.	Full Name (Last, First, Middle Initial) Susan McGinnis			Date of Receipt
	Mailing Address 8516 East 101st, Suite H	03 07 YYYY 2007		
	City	Zip Code	Transaction ID: 19318069	
	Tulsa	OK	74133-7035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer BenEx Insurance Agency	Occupation		
	Receipt For:		e Year-to-Date V	
	Other (specify)	0 0	220.00	]
<u></u>	Full Name (Last, First, Middle Initial) Alan S Katz			Date of Receipt
	Mailing Address 26610 Agoura Rd., # 29	0		03 14 2007
	City	State	Zip Code	Transaction ID: 19329476
	Calabasas	CA	91302-3802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Insurance Neighborhood	Occupation Senior V	<sup>n</sup> ice President, Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	]
s	UBTOTAL of Receipts This Page (optional)			1830.00
Т	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 47 (check only one)			
IT	EMIZED RECEIPTS		or each category of the				
			Detailed Summary Page				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	⊥ y 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 Underwr	iters PAC (	(HUPAC)				
Α.	Full Name (Last, First, Middle Initial) KATHRYN ANDERSON			Date of Receipt			
	Mailing Address P. O. Box 7648			03 / D D / Y Y Y Y 01 2007			
	City	State	Zip Code	Transaction ID: 19491695			
	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 Insurance		_			
	nefits Inc. Receipt For:		e Year-to-Date V	_			
	Primary General	33 - 3	· · · · · · · · · · · · · · · · · · ·	1			
	Other (specify) <b>v</b>	0 0	240.00				
В.	Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE			Date of Receipt			
	Mailing Address 7606 University Avenue	03 / D D / Y Y Y Y 03 / 01 2007					
	City	State	Zip Code	Transaction ID: 19491698			
	Lubbock	ТХ	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 Insurance					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		450.00	1			
	Other (specify) 🔻	0 0					
C.	Full Name (Last, First, Middle Initial) B D CALVIN			Date of Receipt			
	Mailing Address PO Box 101422			03 / D D / Y Y Y Y 03 01 2007			
	City	State	Zip Code	Transaction ID: 19491724			
	Anchorage	AK	99510-1422	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		85.00			
	Name of Employer Calco Inc.	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)		255.00	1			
_		0 0	0 0 0 0 0 0 0				
s	UBTOTAL of Receipts This Page (optional)			265.00			
Т	OTAL This Period (last page this line number o	only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 47 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Ar or	y information copied from such Reports and Sta 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	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
$\rangle$	National Association of Health Underwri	ters PAC (	HUPAC)				
Α.	Full Name (Last, First, Middle Initial) MICHAEL E. CARMEAN			Date of Receipt			
	Mailing Address PO Box 7367 2300 Whittlesey Rd Suit	e A		03 / D D / Y Y Y Y 020 07			
	City	State	Zip Code	Transaction ID: 19491727			
	Columbus	GA	31908-7367	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Paragon Marketing	Occupation	n sident, Group Sales & Marke				
	Receipt For:		e Year-to-Date V				
	Primary General		466.00	1			
	Other (specify)	0 0					
R	Full Name (Last, First, Middle Initial) EUGENE EBERSOLE			Date of Receipt			
υ.	Mailing Address PO Box 2886		0 3 0 1 2 0 0				
	City	State	Zip Code	Transaction ID: 19491755			
	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:		e Year-to-Date V	_			
	Primary     General       Other (specify) ▼	0 0	355.00	]			
	Full Name (Last, First, Middle Initial) DAVID FEAR			Date of Receipt			
0.	Mailing Address 11160 Sun Center Drive	, Suite A		0 3 0 1 2 0 0 7			
	City	State	Zip Code	Transaction ID: 19491761			
	Rancho Cordova	CA	95670-6121	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		55.00			
	Name of Employer CIMS Strategic Distributi- on Division	Occupation Director of	n of Strategic Distribution				
	en Britelen		e Year-to-Date 🔻				
	Primary     General       Other (specify) ▼	0 0	705.00	]			
s	UBTOTAL of Receipts This Page (optional)			340.00			
т	OTAL This Period (last page this line number or	וy)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9/47 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name 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.
	NAME OF COMMITTEE (In Full)			
$\geq$	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JAMES S. GARBINA			Date of Receipt
	Mailing Address 11949 Q Street			03 / D D / Y Y Y Y 01 2007
	City	State	Zip Code	Transaction ID: 19491768
	Omaha	NE	68137-3595	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:	-	e Year-to-Date V	
	Primary General Other (specify) <b>▼</b>		255.00	]
В.	Full Name (Last, First, Middle Initial) BRUCE GARDNER			Date of Receipt
	Mailing Address 1502 West Avenue			0 3 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 19491769
	Austin	TX	78701-1561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Bruce Gardner Insurance	Occupation		
	& Investments Receipt For:	· ·	ed Representative e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	]
<u></u>	Full Name (Last, First, Middle Initial) Timothy Hendricks			Date of Receipt
•	Mailing Address 1605 S Eucalyptus Ave			0 3 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 19491785
	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	Occupation Insurance		
	Of OK Receipt For:	1	e Year-to-Date V	
	Primary General Other (specify) ▼		300.00	]
s	I UBTOTAL of Receipts This Page (optional)			265.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/47			
ITEMIZED RECEIPTS		or each category of the		(check only one)			
••			Detailed Summary Page	X 11a 11b 11c 12			
Ar	Any information copied from such Reports and Statements ma		/ not be sold or used by any perso	13     14     15     16     17       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)						
$\angle$	National Association of Health Underwr	iters PAC (	HUPAC)				
Α.	Full Name (Last, First, Middle Initial) LISA ILLS			Date of Receipt			
	Mailing Address 4455 East Camelback F	Road, Suite	D2	03 01 Y Y Y Y 03 01 2007			
	City Stat		Zip Code	Transaction ID: 19491804			
	Phoenix	AZ	85018-2865	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.     C       Name of Employer Glass Einancial Group     Occup			35.00			
	Receipt For:		e Benefit Consultant e Year-to-Date ▼	_			
	Primary General	, iggi oguio		1			
	Other (specify) <b>v</b>	0 0	215.00				
в.	Full Name (Last, First, Middle Initial) LARRY KACZMAREK			Date of Receipt			
	Mailing Address 2633 State Route 59, S	uite B		M M / D D / Y Y Y Y 03 01 2007			
	City	State	Zip Code	Transaction ID: 19491816			
	Ravenna	OH	44266-1684	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Kaczmarek Insurance Servi-	Occupation Insurance		_			
	ces Inc. Receipt For:		e Year-to-Date V	_			
	Primary General			1			
	Other (specify)	0 0	300.00				
<u></u>	Full Name (Last, First, Middle Initial) THELMA KACZMAREK			Date of Receipt			
	Mailing Address 2633 State Route 59, S P O Box 345	uite B		0 3 0 1 2 0 0 7			
	City	State	Zip Code	Transaction ID: 19491817			
	Ravenna	ОН	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	n	7			
	Agency Inc.	Insurance	-				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_			
	Other (specify)		300.00				
		0 0	0 0 0 0 0 0 0 0				
s	UBTOTAL of Receipts This Page (optional)			235.00			
Т	OTAL This Period (last page this line number o	only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 11 / 47           (check only one)         (check only one)           X         11a         11b         11c         12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) National Association of Health Underwr			
A.				Date of Receipt
	Mailing Address PO Box 45279			03 / D D / Y Y Y Y 01 2007
	City	State NE	Zip Code	Transaction ID: 19491819
	Omaha FEC ID number of contributing federal political committee.	C	68145-0279	Amount of Each Receipt this Period 85.00
	Name of Employer The Harry A. Koch Company	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
в.	Full Name (Last, First, Middle Initial) DAVID MOORE			Date of Receipt
	Mailing Address PO Box 1006			03 01 Y Y Y Y 03 01
	City	State	Zip Code	Transaction ID: 19491847
	Burlington	NC	27216-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer David R. Moore CLU & Ass- ociates	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 355.00	]
с.	Full Name (Last, First, Middle Initial) WESLEY MOORE, III			Date of Receipt
	Mailing Address P O Box 604			03 / D D / Y Y Y Y 03 01 2007
	City	State	Zip Code	Transaction ID: 19491848
	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 Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	]
s	UBTOTAL of Receipts This Page (optional)			270.00
Т	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 12 / 47           (check only one)         (check only one)           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 n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	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			03 01 Y Y Y Y 03 01
	City	State	Zip Code	Transaction ID: 19491868
	Niantic FEC ID number of contributing	СТ	06357-1536	Amount of Each Receipt this Period 90.00
	federal political committee.			
	Name of Employer Parker Agency	Occupation Principal		
	Receipt For:	· · ·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	1 I 1 I	370.00	]
в.	Full Name (Last, First, Middle Initial) DAVID PERRY			Date of Receipt
	Mailing Address 1634 Ryan Street			03 01 Y Y Y Y 03 01 2007
	City	State	Zip Code	Transaction ID: 19491872
	Lake Charles	LA	70601-5949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer The Perry Agency Inc.	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 290.00	]
<u></u>	Full Name (Last, First, Middle Initial) Joseph Phifer			Date of Receipt
	Mailing Address 5495 Belt Line Road, Su	iite 155		M M / D D / Y Y Y Y 0 3 0 1 2 0 0 7
	City Dallas	State TX	Zip Code 75254-7643	Transaction ID: 19491875 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer SafeGuard Health Enterpri- ses	Occupation Insurance		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 355.00	]
s	UBTOTAL of Receipts This Page (optional)			205.00
Т	OTAL This Period (last page this line number or	וע)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 47 (check only one) X 11a 11b 11c 12
۸r	y information copied from such Reports and Stat	omonte ma	, ,	13 14 15 16 17
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\mathbb{N}$	NAME OF COMMITTEE (In Full)			
$\vee$	National Association of Health Underwrit	ters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 7311 West 132nd Street, Suite 2		)	03 01 <u>YYYY</u>
	City	State	Zip Code	Transaction ID: 19491882
	Shawnee Mission	KS	66213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.       C         Name of Employer Humana Inc.       Occupation Insurance			85.00
			0	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	255.00	
в.	Full Name (Last, First, Middle Initial) JOSEPH ROBERTS			Date of Receipt
	Mailing Address 7101 S. 82nd St., #B			0 3 0 1 2 0 0 7
	City Stat Lincoln NE		Zip Code	Transaction ID: 19491893
			68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Midlands Financial Benefi-	Occupation Registered Representative		_
	IS Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	400.00	]
— C.	Full Name (Last, First, Middle Initial) WILLIAM ROBINSON			Date of Receipt
	Mailing Address 100 S. Sunrise Way, PM	IB 364		M M / D D / Y Y Y Y 03 01 2007
	City	State	Zip Code	Transaction ID: 19491898
	Palm Springs	CA	92262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Palm Canyon Insurance Age-	Occupation Insurance		
	ncy     Insurant       Receipt For:     Aggregat       Primary     General		e Year-to-Date V	-1
			240.00	1
	Other (specify)	8 8		
s	UBTOTAL of Receipts This Page (optional)			265.00
т	OTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 14 / 47           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ters PAC (	(HUPAC)	
Α.	Full Name (Last, First, Middle Initial) STEPHEN SALAMON			Date of Receipt
	Mailing Address PO Box 4252			03 / D D / Y Y Y Y 01 / 2007
	City	State	Zip Code	Transaction ID: 19491904
	Timonium	MD	21094-4252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Heritage Financial Consul-	Occupatio		
	tants LLC Receipt For:	Insuranc Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼		250.00	]
в.	Full Name (Last, First, Middle Initial) RODNEY STUART			Date of Receipt
	Mailing Address 9755 Randall Dr., # 101			03 01 YYYY 03 01
City		State	Zip Code	Transaction ID: 19491931
	Indianapolis	IN	46280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Benefit Innovations LLP	Occupatio Insuranc		_
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	310.00	]
<u></u>	Full Name (Last, First, Middle Initial) JAMES F. SUMMERS			Date of Receipt
	Mailing Address 8420 West Dodge Road	, Suite 510	)	M M / D D / Y Y Y Y 03 01 2007
	City	State	Zip Code	Transaction ID: 19491932
	Omaha	NE	68114-3432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Senior Market Sales Inc.	Occupatio Insuranc	e Agent	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 350.00	]
s	UBTOTAL of Receipts This Page (optional)			185.00
Т	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 15 / 47         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$	National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) RYAN THORN			Date of Receipt
	Mailing Address 10342 South Springcres	st Lane		M M / D D / Y Y Y Y 03 01 2007
	City	State	Zip Code	Transaction ID: 19491937
	South Jordan	UT	84095-4538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Ryan P. Thorn Insurance	Occupatio		-
	Planning Inc. Receipt For:	Insuranc Aggregate	e Year-to-Date V	_
	Primary General Other (specify) <b>▼</b>		240.00	]
в.	Full Name (Last, First, Middle Initial) JANET TRAUTWEIN-STOKES			Date of Receipt
	Mailing Address 2000 N 14th Street			M M / D D / Y Y Y Y 03 01 2007
	City	State	Zip Code	Transaction ID: 19491942
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer NAHU	Occupatio Executive	<sup>n</sup> e VP, CEO	
	Receipt For:	1	e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	255.00	]
<u></u>	Full Name (Last, First, Middle Initial) MARILYN STENGER			Date of Receipt
0.	Mailing Address 268 South Street			0 3 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 19491945
	Morristown	NJ	07960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Oo NAS Financial Services In		n e Agent	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 355.00	]
s	UBTOTAL of Receipts This Page (optional)			200.00
Т	OTAL This Period (last page this line number of	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 47 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\sum$	NAME OF COMMITTEE (In Full)			
$\angle$	National Association of Health Underwr	iters PAC (	(HUPAC)	
Α.	Full Name (Last, First, Middle Initial) STEVEN L. WILSON			Date of Receipt
	Mailing Address 1151 Red Mile Road			M M / D D / Y Y Y Y 0 3 2 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: 19499118
	Lexington	KY	40504-2645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		190.00
	Name of Employer Benefit Insurance Marketi-	Occupatio		
	ng Receipt For:	Insuranc	e Agent e Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Susan McGinnis			Date of Receipt
	Mailing Address 8516 East 101st, Suite	Н		03 / <sup>D</sup> D / <u>Y Y Y Y</u> 2007
	City	State	Zip Code	Transaction ID: 19509793
	Tulsa	OK	74133-7035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer BenEx Insurance Agency	Occupatio		
	Receipt For:	Vice Pres	e Year-to-Date V	_
	Primary General	riggrogai		1
	Other (specify) <b>v</b>		250.00	
~	Full Name (Last, First, Middle Initial) David Baker			Date of Receipt
0.	Mailing Address 2646 Highway Ave			
				03 27 2007
	City Highland	State IN	Zip Code 46322-1661	Transaction ID: 19509794 Amount of Each Receipt this Period
	FEC ID number of contributing		40322-1001	
	federal political committee.	C		250.00
	Name of Employer Professional Insurance Mg-	Occupatio Insuranc		
	t. Co Receipt For:	-	e Year-to-Date V	_
	Primary General Other (specify) ▼		250.00	]
s	UBTOTAL of Receipts This Page (optional)			470.00
Т	OTAL This Period (last page this line number c	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 17 / 47 (check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	v not be sold or used by any perso dress of any political committee to	13       14       15       16       17         on for the purpose of soliciting contributions of solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
$\angle$	National Association of Health Underwri	ters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Richard C. Scarboro			Date of Receipt
	Mailing Address PO Box 3045			M M / D D / Y Y Y Y 0 3 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 19532944
	Asheville	NC	28802-3045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Blue Ridge Benefit Soluti-	Occupation		
	ons Inc. Receipt For:	Insurance	e Agent e Year-to-Date ▼	
	Primary General	Ayyreyale		1
	Other (specify)	0 0	365.00	
в.	Full Name (Last, First, Middle Initial) MAURICE LYONS			Date of Receipt
	Mailing Address 301 Madison Avenue, 4t	h Floor		M M / D D / Y Y Y Y 03 31 2007
	City	State	Zip Code	Transaction ID: 19635214
	New York	NY	10017-8103	Amount of Each 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:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	320.00	]
<u></u>	Full Name (Last, First, Middle Initial) LORELIE G. CASTELLANI			Date of Receipt
	Mailing Address PO Box 905			M M / D D / Y Y Y Y Y 0 3 28 2007
	City	State	Zip Code	Transaction ID: 19635240
	Branchville	NJ	07826-0905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			85.00
	Name of Employer Benefit Guidance Systems	Occupation Insurance		
	Receipt For:		e Year-to-Date ▼	
Primary     General       Other (specify) ▼			270.00	]
s	UBTOTAL of Receipts This Page (optional)			535.00
т	OTAL This Period (last page this line number or	וy)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 18/47 (check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\sum$	NAME OF COMMITTEE (In Full)			
$\mathbb{Z}$	National Association of Health Underwr			
A.	Full Name (Last, First, Middle Initial) CHERYL S FARMER			Date of Receipt
	Mailing Address 1755 East Bristol Street			M M / D D / Y Y Y Y 03 / 28 / 2007
	City	State	Zip Code	Transaction ID: 19635244
	Elkhart	IN	46514-3968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Health Resources Inc.	Occupation Insurance		
	Receipt For:	-	Year-to-Date V	_
	Primary General Other (specify) <b>v</b>		220.00	]
В.	Full Name (Last, First, Middle Initial) JESSE A PATTON			Date of Receipt
	Mailing Address 1112 Maple Street			03 28 2007
	City	State	Zip Code	Transaction ID: 19635245
	West Des Moines	IA	50265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		334.00
	Name of Employer Associations Marketing Gr- oup Inc.	Occupation CEO/Pre		
	Receipt For:	Aggregate	Year-to-Date V	-
	Primary     General       Other (specify) ▼	U U U	993.00	]
— C.	Full Name (Last, First, Middle Initial) STEVEN L. WILSON			Date of Receipt
	Mailing Address 1151 Red Mile Road			03 28 2007
	City	State	Zip Code	Transaction ID: 19635246
	Lexington	KY	40504-2645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Benefit Insurance Marketi-	Occupation Insurance		
	ng Receipt For:		e Year-to-Date V	1
	Primary General Other (specify) ▼	U U 0 0	310.00	]
s	LUBTOTAL of Receipts This Page (optional)			414.00
Т	OTAL This Period (last page this line number o	nly)	·····	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 19/47 (check only one) X 11a 11b 11c 12
		Detailed Summary Page		$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
$\mathbb{Z}$	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) THOMAS M. FAULDS			Date of Receipt
	Mailing Address PO Box 6170			03 / 28 / Y Y Y 2007
	City	State	Zip Code	Transaction ID: 19635248
	Columbia	SC	29260-6170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer BlueChoice Health Plan	Occupation Insurance		
	Receipt For:	-	e Year-to-Date V	_
	Primary General		365.00	1
	Other (specify)	0 0	303.00	
в.	Full Name (Last, First, Middle Initial) RODNEY STUART			Date of Receipt
	Mailing Address 9755 Randall Dr., # 101			03 28 2007
	City	State	Zip Code	Transaction ID: 19635249
	Indianapolis	IN	46280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Benefit Innovations LLP	Occupation Insurance		
	Receipt For:	-	e Year-to-Date V	_
	Other (specify) ▼		395.00	1
		0 0	0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) JAMES Shannon RICKETTS			Date of Receipt
	Mailing Address 3900 Halisport Drive			M M / D D / Y Y Y Y 03 28 2007
	City	State	Zip Code	Transaction ID: 19635258
	Kennesaw	GA	30152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Purchasing Alliance Solut-	Occupation Executive	<sup>n</sup> e Vice President	
	ions Inc. Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify)		525.00	1
_			<u> </u>	1
s	UBTOTAL of Receipts This Page (optional)			535.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 47 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\overline{X}$ 11a 11b 11c 12
			Detailed Summary Page	
Ar 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	on for the purpose of soliciting contributions solicit contributions from such committee.
$\sum$	NAME OF COMMITTEE (In Full)			
$\langle$	National Association of Health Underwri	iters PAC (	(HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JOSEPH E. HENEHAN Mailing Address 650 East Hospitality Lane #340			Date of Receipt
				03 / D D / Y Y Y Y 28 / 2007
	City	State	Zip Code	Transaction ID: 19635262
	San Bernardino	CA	92408-3584	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			85.00
	Name of Employer The Henehan Company	Occupation Insurance		
	Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify)		270.00	1
		0 0		1
в.	Full Name (Last, First, Middle Initial) EDWARD F BYRD			Date of Receipt
	Mailing Address PO Box 50164			03 / <sup>D</sup> D / <u>Y Y Y Y</u> 28 2007
	City	State	Zip Code	Transaction ID: 19635264
	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	e Year-to-Date 🔻	
	Primary General		300.00	1
	Other (specify)	0 0	0 0 0 0 0 0 0	
С.	Full Name (Last, First, Middle Initial) DAREN R. ALLEN			Date of Receipt
	Mailing Address 14744 Timberbluff Drive	)		M M / D D / Y Y Y Y 03 28 2007
	City	State	Zip Code	Transaction ID: 19635265
	Chesterfield	MO	63017-5574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer WellPoint Health Networks	Occupation Director	n of Agency Sales	
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify)		320.00	1
		0 0		1
s	UBTOTAL of Receipts This Page (optional)			215.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 21 / 47         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17		
	on for the purpose of soliciting contributions solicit contributions from such committee.					
$\sum$	NAME OF COMMITTEE (In Full)					
	National Association of Health Underwri	ters PAC (	(HUPAC)			
Α.	Full Name (Last, First, Middle Initial) MARCIA WILCOX			Date of Receipt		
	Mailing Address 25302 153rd Place SE			0 3 / D · D / Y · Y · Y · Y 0 3 28 2007		
	City	State	Zip Code	Transaction ID: 19635267		
	Monroe	WA	98272-9026	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer Benefits Resource Group	Occupatio				
	Inc. Receipt For:	Insuranc	e Agent e Year-to-Date V			
	Primary General	Aggregate		1		
	Other (specify)	0 0	230.00			
в.	Full Name (Last, First, Middle Initial) STEVEN T. WISNESKI			Date of Receipt		
	Mailing Address 4265 Grand Haven Roa	d, Suite 20	00	M M / D D / Y Y Y Y 03 28 2007		
	City	Zip Code	Transaction ID: 19635273			
	Muskegon	MI	49441-5546	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Creative Benefit Systems	Occupatio Presiden				
	Inc. Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼		210.00	1		
_	Full Name (Last, First, Middle Initial)					
C.	RAY M. MUSSER Mailing Address 404 North Second Aven		<u>,                                     </u>	Date of Receipt		
	Mailing Address 404 North Second Aven		)	03 / 28 / Y Y Y Y 2007		
	City Upland	State	Zip Code	Transaction ID: 19635281		
		CA	91786-4701	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer Ray M. Musser & Associates		n e Agent			
Inc. Receipt For:			e Year-to-Date V			
Primary General Other (specify) ▼			255.00	]		
Г	I			200.00		
s	UBTOTAL of Receipts This Page (optional)		······			
т	OTAL This Period (last page this line number or	nly)		•		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 22 / 47           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC (	(HUPAC)			
A.	Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO			Date of Receipt		
	Mailing Address 15 Kennedy Drive			03 29 Y Y Y Y 2007		
	City	State	Zip Code	Transaction ID: 19635307		
	Budd Lake	NJ	07828-1438	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer The Ruggiero Group LLC	Occupatio				
	Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	_		
	Primary General Other (specify) ▼		220.00	]		
в.	Full Name (Last, First, Middle Initial) MICHAEL A. RIVERA			Date of Receipt		
	Mailing Address 12200 Northwest Freew	ay, Suite 6	62	03 / <sup>D</sup> D / <sup>Y</sup> Y Y Y 2007		
	City	State	Zip Code	Transaction ID: 19635313		
	Houston	ТХ	77092-4927	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer Northwest General Insuran- ce	Occupation Insurance				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 355.00	]		
 C.	Full Name (Last, First, Middle Initial) SUE LARSEN			Date of Receipt		
	Mailing Address P.O. Box 6465			M M / D D / Y Y Y Y 0 3 29 2007		
	City	State	Zip Code	Transaction ID: 19635316		
	Santa Barbara	CA	93111-1925	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		75.00		
	Name of Employer Larsen Insurance	Occupation Insurance				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	]		
s	UBTOTAL of Receipts This Page (optional)			245.00		
Т	OTAL This Period (last page this line number of	nly)				

S	CHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 23 / 47						
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the			(check only one)					
	EIVIZED RECEIPTS		Detailed Summary Page		X 11a	11b	Ш	11c	12		
				13	14		15	16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\sum$	NAME OF COMMITTEE (In Full)										
$\rangle$	National Association of Health Underwr	iters PAC (	HUPAC)								
Α.	Full Name (Last, First, Middle Initial) JON C RAUSER				Date of	Receipt				,	
	Mailing Address 400 East Wisconsin Ave	enue, # 200	)		0 3 <sup>M</sup>		2 9		Y Y 200		
	City	State	Zip Code		Transad	tion ID:	196	35317			
	Milwaukee	WI	53202-4499		Amoun	t of Each	Rece	eipt this	Period		
	FEC ID number of contributing federal political committee.	C							170.0	00	
	Name of Employer The Rauser Agency Inc.	Occupation Insurance									
	Receipt For:	-	e Year-to-Date V								
	Primary General		· · · · · · · · ·								
	Other (specify) <b>v</b>	0 0	610.00								
в.	Full Name (Last, First, Middle Initial) DAVID S JOHNSON				Date of	Receipt					
	Mailing Address P. O. Box 871129			<sup>м</sup> 0 3	/ D	2 9		² 0 0			
	City	State	Zip Code		Transad	tion ID:	196	35337			
	Stone Mountain	GA	30087-0029		Amoun	t of Each	Rece	eipt this	Period		
	FEC ID number of contributing federal political committee.	C							85.0	00	
	Name of Employer David S. Johnson Insurance	Occupation Account	n Executive								
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Primary General		355.00								
	Other (specify)	0 0	000.00								
с.	Full Name (Last, First, Middle Initial) DEIRDRE FALLON				Date of	Receipt					
	Mailing Address PO Box 256				м м 03		<sup>D</sup> 29		Y Y 200		
	City	State	Zip Code		Transad	tion ID:	196				
	Spring Lake	NJ	07762-0256			t of Each					
	FEC ID number of contributing federal political committee. Name of Employer John J. Slattery Associat- es Inc. Receipt For:								85.0	00	
			n e Agent								
			e Year-to-Date ▼								
	Primary General		055.00								
	Other (specify)	0 0	255.00								
s	UBTOTAL of Receipts This Page (optional)			•		o o			340.0	0	
Т	OTAL This Period (last page this line number o	nly)		•							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 24 / 47 (check only one)				
ITEMIZED RECEIPTS			or each category of the 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	solicit contributions from such committee.						
$\sum$	NAME OF COMMITTEE (In Full)							
$\mathbb{Z}$	National Association of Health Underwr	iters PAC (	(HUPAC)					
A.	Full Name (Last, First, Middle Initial) ROBERT J BISHOP			Date of Receipt				
	Mailing Address 2785 East Desert Inn Re	d., # 134		03 / 29 / Y Y Y Y 2007				
	City	State	Zip Code	Transaction ID: 19635339				
	Las Vegas	NV	89121-3623	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		85.00				
	Name of Employer KIA Insurance	Occupation						
	Receipt For:	Insurance Aggregate	e Year-to-Date V	_				
	Primary General			1				
	Other (specify) <b>v</b>	0 0	355.00					
в.	Full Name (Last, First, Middle Initial) DONALD B THOMPSON			Date of Receipt				
	Mailing Address 9700 Ormsby Station R	d., # 200	03 29 2007					
	City	Zip Code	Transaction ID: 19635341					
	Louisville	KY	40223-4207	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		150.00				
	Name of Employer Thompson Associates Inc.	Occupation Insurance						
	Receipt For:		e Year-to-Date V					
	Primary General		450.00	1				
	Other (specify) <b>v</b>	0 0		]				
с.	Full Name (Last, First, Middle Initial) MARK D. KENNEDY			Date of Receipt				
	Mailing Address 1173 Brittmoore Road			M M / D D / Y Y Y Y 03 29 2007				
	City	State	Zip Code	Transaction ID: 19635344				
	Houston	ТХ	77043-5003	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee. Name of Employer Benefit Concepts Inc.			80.00				
			n e Agent	_				
	Receipt For:		e Year-to-Date V					
	Other (specify)		240.00	1				
		0.0	0 0 0 0 0 0 0 0					
s	UBTOTAL of Receipts This Page (optional)			315.00				
Т	OTAL This Period (last page this line number o	nly)						

6	CHEDULE A (FEC Form 3X)			FOR LINE	NUMBER:	PAGE	25/47	7
	· · · ·		Use separate schedule(s) or each category of the	(check only one)				
	EMIZED RECEIPTS		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	solicit contrib	utions from	such comm	utions littee.			
Ν	NAME OF COMMITTEE (In Full)							
	National Association of Health Underwrit	ers PAC (	HUPAC)					
́А.	Full Name (Last, First, Middle Initial) TRAVIS S. MIDDLETON			Date of	Receipt			
	Mailing Address 20501 Katy Freeway, # 2	219		03	/ D D 29		v 0 0 7	
	City	State	Zip Code		tion ID: 1			
	Katy	ТΧ	77450-1935			eceipt this P	eriod	
	FEC ID number of contributing federal political committee.	C				1	00.0	0
	Name of Employer TradeMark Insurance Agency	Occupation						
	Receipt For:	Insurance	e Agent e Year-to-Date V	_				
	Primary General	riggiogaic		1				
	Other (specify)	0 0	300.00					
— B.	Full Name (Last, First, Middle Initial) PETER VINTON			Date of	Receipt			
	Mailing Address 9480 Deereco Road						Y 007	
	City	Zip Code		tion ID: 1		001		
	Timonium	MD	21093-2102			eceipt this P	eriod	
	FEC ID number of contributing federal political committee.	C					80.0	0
	Name of Employer Corporate Coverage LLC	Occupation	n	-				
		Insurance	•	_				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	240.00					
<u></u>	Full Name (Last, First, Middle Initial) SHARON ALT			Date of	Receipt			
	Mailing Address 6410 Southwest Blvd, Su	uite 204		м м 03			v 0 0 7	
	City	State	Zip Code	Transad	tion ID: 1			
	Fort Worth	ТХ	76109-3920	Amoun	t of Each R	eceipt this P	eriod	
	FEC ID number of contributing federal political committee.	C					50.0	0
	Name of Employer Alt Benefit Consultants	Occupation		7				
	Inc Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V					
	Primary General	, agi oguio		1				
	Other (specify)		250.00					
s	UBTOTAL of Receipts This Page (optional)					2	30.0	0
F				-				

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

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 47				
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)				
			Detailed Summary Page	X 11a 11b 11c 12				
Any information copied from such Reports and Statements may			, not be cold or used by only nore	13 14 15 16 17				
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	National Association of Health Underwrit	ters PAC (	HUPAC)					
Α.	Full Name (Last, First, Middle Initial) BOB G SHUPE			Date of Receipt				
	Mailing Address PO Box 2344			M M / D D / Y Y Y Y 0 3 2 9 2 0 0 7				
	City	State	Zip Code	Transaction ID: 19635359				
	Brentwood	TN	37024-2344	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer ESP Inc	Occupation						
	Receipt For:	Insurance	e Year-to-Date ▼	_				
	Primary General	/ iggi eguie		1				
	Other (specify)	0 0	425.00					
в.	Full Name (Last, First, Middle Initial) SUSAN MALEY RASH			Date of Receipt				
	Mailing Address 2108 West Laburnum Av	venue, Sui	te 3	03 / <sup>D</sup> D / <u>Y Y Y Y</u> 29 2007				
	City	State	Zip Code	Transaction ID: 19635361				
	Richmond	VA	23227-4300	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		85.00				
	Name of Employer BB&T Benefit Consultants	Occupation						
	of Virginia Receipt For:		Year-to-Date V					
	Primary General	1.99.094.0		1				
	Other (specify) <b>v</b>	0 0	355.00					
с.	Full Name (Last, First, Middle Initial) SHEILA H HARTMAN			Date of Receipt				
	Mailing Address 21700 Oxnard St., # 127	0		M M / D D / Y Y Y Y 03 29 2007				
	City	State	Zip Code	Transaction ID: 19635362				
	Woodland Hills	CA	91367-3669	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		150.00				
	Name of Employer Financial Independence Co-	Occupation		1				
	mpany Receipt For:	Insurance	e Agent					
	Receipt For: Primary General			1				
	Other (specify)		550.00					
s	UBTOTAL of Receipts This Page (optional)		······	285.00				
	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 27 / 47 (check only one) X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Stai for commercial purposes, other than using the n	tements may ame and ado	r 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.
Ν	NAME OF COMMITTEE (In Full)			
$\angle$	National Association of Health Underwri	ters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) ROSEMARY DEININGER			Date of Receipt
	Mailing Address 12801 N. Central Expres	sway, Suit	ē	03 29 2007
	City	State	Zip Code	Transaction ID: 19635363
	Dallas	TX	75243-1741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Waldman Brothers	Occupation		
	Receipt For:	Account I	•	
	Primary General	Ayyreyale	e Year-to-Date ▼	1
	Other (specify)	0 0	210.00	
в.	Full Name (Last, First, Middle Initial) DESMOND X. SLATTERY			Date of Receipt
	Mailing Address PO Box 256			M M / D D / Y Y Y Y 03 29 2007
	City	State	Zip Code	Transaction ID: 19635411
	Spring Lake	NJ	07762-0256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer John J. Slattery Associat-	Occupation		
	es Inc.	Insurance	e Agent e Year-to-Date V	
	Primary General	Aggregate		1
	Other (specify)	0 0	255.00	
с.	Full Name (Last, First, Middle Initial) MEL A SCHLESINGER			Date of Receipt
	Mailing Address PO Box 30100			M M / D D / Y Y Y Y 03 29 2007
	City	State	Zip Code	Transaction ID: 19635427
	Winston Salem	NC	27130-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
			Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	355.00	]
s	UBTOTAL of Receipts This Page (optional)		••••••	200.00
Т	OTAL This Period (last page this line number or	ıly)	·····	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 28 / 47 (check only one)						
11	EMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions						
$\left[ \right]$	NAME OF COMMITTEE (In Full)									
$\mathbb{Z}$	National Association of Health Underwri	ters PAC (	HUPAC)							
A.	Full Name (Last, First, Middle Initial) CHRISTA MCCONATHY			Date of Receipt						
	Mailing Address 5171 Verdugo Way			03 / 29 / Y Y Y Y 2007						
	City	State	Zip Code	Transaction ID: 19635457						
	Ventura	CA	93004	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		85.00						
	Name of Employer Golden West Dental Health Plan	Occupation Insurance								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	255.00	]						
в.	Full Name (Last, First, Middle Initial) JAMES D SCHULZ			Date of Receipt						
	Mailing Address 7101 S. 82nd St.			M         M         /         D         D         /         Y						
	City	State	Zip Code	Transaction ID: 19635458						
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		85.00						
	Name of Employer Midlands Financial Benefi-	Occupation Insurance								
	ts Receipt For:		e Year-to-Date V							
	Primary General Other (specify) ▼		255.00	]						
<u></u>	Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK			Date of Receipt						
	Mailing Address PO Box 38248 3300 Battleground Ave.	#200 (274	1	M         M         /         D         D         /         Y						
	City	State	Zip Code	Transaction ID: 19635461						
	Greensboro	NC	27438-8248	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		85.00						
	Name of Employer EbenConcepts Company	Occupation Insurance								
			e Year-to-Date V	7						
	Primary General Other (specify) ▼	]								
s	UBTOTAL of Receipts This Page (optional)			255.00						
т	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 29 / 47       (check only one)     X       X     11a       11b     11c       12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwri	ters PAC (	(HUPAC)	
Α.	Full Name (Last, First, Middle Initial) CHARLES T GARTLAN			Date of Receipt
	Mailing Address PO Box 1268			03 / 29 / Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: 19635462
	Toms River	NJ	08754-1268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer BenefitPort_LLC	Occupation		
	Receipt For:	Insurance	e Agent e Year-to-Date V	_
	Primary General	, iggi oguio		1
	Other (specify)	0 0	262.00	
в.	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 03 29 2007
	City	State	Zip Code	Transaction ID: 19635464
	Spokane	WA	99202-1504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Jones & Mitchell Insurance	Occupation Benefits		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		250.00	1
	Full Name (Last, First, Middle Initial)			-
C.	JAMES R STENGER			Date of Receipt
	Mailing Address 268 South Street			03 / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State	Zip Code	Transaction ID: 19635467
	Morristown	NJ	07960-6019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer NAS Financial Services		n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 610.00	]
s	UBTOTAL of Receipts This Page (optional)			260.00
Т	OTAL This Period (last page this line number or	וא)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 47				
ITEMIZED RECEIPTS			or each category of the	(check only one)				
			Detailed Summary Page					
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
$\rangle$	National Association of Health Underwri	iters PAC (	HUPAC)					
Α.	Full Name (Last, First, Middle Initial) H Luke MCDERMOTT			Date of Receipt				
	Mailing Address 883 West Baxter Drive			03 / 29 / Y Y Y Y 2007				
	City	State	Zip Code	Transaction ID: 19635468				
	South Jordan	UT	84095-8506	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		85.00				
	Name of Employer McDermott Company & Assoc- iates	Occupation Insurance		_				
	Receipt For:		e Year-to-Date 🔻					
	Primary General Other (specify) <b>▼</b>	0 0	255.00	]				
В.	Full Name (Last, First, Middle Initial) BARBARA WONG			Date of Receipt				
	Mailing Address 1311 L Street			M M / D D / Y Y Y Y 03 29 2007				
	City	State	Zip Code	Transaction ID: 19635478				
	Anchorage	AK	99501	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Capital Management Benefi- ts Corp.	Occupation Insurance						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary     General       Other (specify) ▼	0 0	225.00	]				
	Full Name (Last, First, Middle Initial) ANNE P SPERLING			Date of Receipt				
•	Mailing Address 25 Antigua Road			0 3 2 9 2 0 0 7				
	City	State	Zip Code	Transaction ID: 19635482				
	Santa Fe	NM	87508-2201	Amount of Each 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: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	]				
s	UBTOTAL of Receipts This Page (optional)		•••••	175.00				
Т	OTAL This Period (last page this line number or	nly)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 47 (check only one)				
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12				
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	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
$\rangle$	National Association of Health Underwr	iters PAC (	HUPAC)					
Α.	Full Name (Last, First, Middle Initial) DENNIS E. WRIGHT			Date of Receipt				
	Mailing Address 111 East Ludwig Road,	Suite 108		03 / 29 / Y Y Y 2007				
	City	State	Zip Code	Transaction ID: 19635488				
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		85.00				
	Name of Employer IntraHealth Solutions In-	Occupation Presiden						
	c. Receipt For:		e Year-to-Date V	_				
	Primary General Other (specify) ▼		355.00	]				
в.	Full Name (Last, First, Middle Initial) GREG A YODER			Date of Receipt				
	Mailing Address 1055 Minnesota Avenue	03 30 2007						
	City	Transaction ID: 19635541						
	San Jose	CA	95125-2451	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Ray Silva Insurance Assoc-	Occupatio						
	iates Inc. Receipt For:	Insurance Aggregate	e Year-to-Date V	_				
	Primary General	33 - 3		1				
	Other (specify)	0 0	300.00					
c.	Full Name (Last, First, Middle Initial) TRACY Q BRADFORD			Date of Receipt				
	Mailing Address 119 South Main Street,	Suite 560		M M / D D / Y Y Y Y 03 30 2007				
	City	State	Zip Code	Transaction ID: 19635551				
	Memphis	TN	38103	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Synaxis Polk & Sullivan	Occupatio						
Insurance Receipt For:		Insurance Aggregate	e Year-to-Date V					
	Primary General Other (specify) <b>v</b>		300.00	]				
				285.00				
	<b>UBTOTAL</b> of Receipts This Page (optional)		••••••					
т	OTAL This Period (last page this line number of	nly)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 32/47 (check only one) X 11a 11b 11c 12			
			Detailed Summary Page				
Ar 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	on for the purpose of soliciting contributions solicit contributions from such committee.			
Ν	NAME OF COMMITTEE (In Full)						
$\angle$	National Association of Health Underwri	ters PAC (	HUPAC)				
Α.	Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt			
	Mailing Address 41 Notre Dame Lane			M         M         /         D         D         /         Y			
	City	State	Zip Code	Transaction ID: 19635556			
	Utica	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 🔻	_			
	Primary General Other (specify) ▼	0 0	255.00	]			
в.	Full Name (Last, First, Middle Initial) DAN WEBB			Date of Receipt			
	Mailing Address 2108 24th St Ste 2			M         M         /         D         D         /         Y			
	City	State	Zip Code	Transaction ID: 19635557			
	Bakersfield	CA	93301-3748	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		85.00			
	Name of Employer The Webb Insurance Group	Occupation Marketing	n g Manager				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	255.00	]			
<u></u>	Full Name (Last, First, Middle Initial) BRUCE D BENTON			Date of Receipt			
	Mailing Address 19528 Ventura Boulevar	d # 596		M M / D D / Y Y Y Y Y 03 30 2007			
	City	State	Zip Code	Transaction ID: 19635560			
	Tarzana	CA	91356-2917	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		85.00			
	Conocia SmithBonton Incur		n				
ance & Financ Ir Receipt For: A		Insuranc	-				
		Aggregate	e Year-to-Date 🔻	-			
Other (specify) ▼			355.00				
s	UBTOTAL of Receipts This Page (optional)			255.00			
т	OTAL This Period (last page this line number or	וy)					

c	CHEDULE A (FEC Form 3X)		FC	RLINE	= NU	MBE	R:	PAG	GE 3	33 / 4	7	
			Use separate schedule(s)	-	neck on	-						
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	>	X 11a 11b 11c 12					12		
			, ,		13		14		15		16	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	son for to solic	the pur it contril	pose butio	e of so ons fro	licitir m sı	ng coi uch co	ntribu ommi	utions ittee.	;		
Ν	NAME OF COMMITTEE (In Full)											
	National Association of Health Underwri											
A.	Full Name (Last, First, Middle Initial) RON J. NEZAT			Date o	f Re	ceipt						
	Mailing Address PO Box 91180			м м 0 3		3	D 0	Y	2	0 <sup>°</sup> 0		
	City	Zip Code	ip Code Transaction ID: 19635564									
	Lafayette	70509-1180		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.					1				85.0	0	
	Name of Employer Global Financial Resources Inc.	Occupation Insurance										
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		355.00									
	Other (specify)	0 0										
в.	Full Name (Last, First, Middle Initial) STEPHEN A GRIM				Date o	f Re	ceipt					
	Mailing Address P O Box 1105			M         M         /         D         D         /         Y								
	City	State	Zip Code		Transaction ID: 19635565							
	Virginia Beach	VA	23451-0105		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									85.0	0
	Name of Employer Mid-Atlantic Agency Inc.	Occupation President										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		255.00									
	Other (specify) <b>v</b>	0 0										
C.	Full Name (Last, First, Middle Initial) JEFFREY R. MILES				Date o	f Re	ceipt					
	Mailing Address 578 Washington Blvd., #	#801			м м 0 3		3	D 0	Y	2	0 <sup>°</sup> 0	
	City	State	Zip Code		Transa							
	Marina del Rey	CA	90292-5442		Amour	nt of	Each	Rece	eipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C									85.0	0
	Name of Employer The Miles Organization	Occupation										
	Inc.	Insurance										
	Receipt For: Primary General	Aggregate	Year-to-Date V	_								
	Other (specify)	0 0	255.00									
s	UBTOTAL of Receipts This Page (optional)			▶						2	55.0	0
⊢				<u> </u>								
Г	<b>OTAL</b> This Period (last page this line number or	nly)			-							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 34 / 47       (check only one)     11a       X     11a       11b     11c       12				
Ar 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	13     14     15     16     17       In for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)		-					
$\geq$	National Association of Health Underwri	ters PAC (	HUPAC)	_				
Α.	Full Name (Last, First, Middle Initial) ZAVEN KAZAZIAN	Date of Receipt						
	Mailing Address 35 North Lake Avenue, S	03 / D D / Y Y Y Y 2007						
	City	State	Zip Code	Transaction ID: 19635583				
	Pasadena	CA	91101-1856	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		85.00				
	Name of Employer Garner Insurance Services	Occupation Insurance		-				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	255.00	]				
в.	Full Name (Last, First, Middle Initial) WILLIS H. GLAROS			Date of Receipt				
	Mailing Address PO Box 184			M M / D D / Y Y Y Y 03 30 2007				
	City	State	Zip Code	Transaction ID: 19635584				
	Dyer	IN	46311-0184	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		85.00				
	Name of Employer Employer Benefit Systems	Occupation Insurance						
	Receipt For:	Aggregate	e Year-to-Date V					
	Other (specify)	0 0	255.00	]				
<u></u>	Full Name (Last, First, Middle Initial) PAUL E. SMITH			Date of Receipt				
	Mailing Address 124 Washington Street			M M / D D / Y Y Y Y 03 30 2007				
	City	State	Zip Code	Transaction ID: 19635589				
	Middletown	СТ	06457-2820	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		85.00				
	Name of Employer AmeriBen Alliance LLC	Occupation Insurance						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 355.00	]				
s	UBTOTAL of Receipts This Page (optional)			255.00				
Т	OTAL This Period (last page this line number or	וy)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 35 / 47           (check only one)						
			, ,						
Ar   or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	r not be sold or used by any perso lress of any political committee to	solicit contributions from such committee.					
$\sum$	NAME OF COMMITTEE (In Full)								
$\mathbb{Z}$	National Association of Health Underwrit	ters PAC (	HUPAC)						
A.	Full Name (Last, First, Middle Initial) GREG J. SEIFERT		Date of Receipt						
	Mailing Address PO Box 189 916 Main Street			M M / D D / Y Y Y Y 03 30 2007					
	City	State	Zip Code	Transaction ID: 19635595					
	Vancouver	WA	98666-0189	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		85.00					
	Name of Employer Biggs Insurance Services	Occupation							
		Insurance	•						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1					
	Other (specify)	0 0	855.00						
в.	Full Name (Last, First, Middle Initial) ALINE H. ROBERTS			Date of Receipt					
	Mailing Address 3537 Old Conejo Road S	Suite 114		M M / D D / Y Y Y Y 03 30 2007					
	City	State	Zip Code	Transaction ID: 19635608					
	Newberry Park	CA	91320	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		170.00					
	Name of Employer Insurance Dimensions	Occupation Insurance							
	Receipt For:		Year-to-Date V	_					
	Primary General		510.00	1					
	Other (specify)	0 0							
с.	Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY			Date of Receipt					
	Mailing Address 120 East Washington St	reet		M M / D D / Y Y Y Y 03 30 2007					
	City	State	Zip Code	Transaction ID: 19635623					
	<u>Plymouth</u>	IN	46563-1744	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		85.00					
	Name of Employer KL Benefits	Occupation Insurance							
	Receipt For:		Year-to-Date V	-					
	Primary General Other (specify) ▼	0 0	255.00	]					
s	UBTOTAL of Receipts This Page (optional)		······	340.00					
Т	OTAL This Period (last page this line number on	ıly)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 36 / 47         (check only one)       11c       12							
Ar	ny information copied from such Reports and Sta 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	13     14     15     16     17       on for the purpose of soliciting contributions o solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
$\geq$	National Association of Health Underwri	HUPAC)									
Α.	Full Name (Last, First, Middle Initial) JAMES C BOSIER			Date of Receipt							
	Mailing Address P.O. Box 1230			03 / D D / Y Y Y Y 2007							
	City	State	Zip Code	Transaction ID: 19657023							
	Waterloo	IA	50704-1230	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		85.00							
	Name of Employer Net Worth Advisors	Occupation Insurance									
	Receipt For:		e Year-to-Date V	_							
	Primary General	riggrogate		1							
	Other (specify)	0 0	255.00								
В.	Full Name (Last, First, Middle Initial) CHRISTOPHER HARRISON			Date of Receipt							
	Mailing Address 921-C South McPherson	Church R	load	M M / D D / Y Y Y Y 03 31 2007							
	City	State	Zip Code	Transaction ID: 19657025							
	Fayetteville	NC	28303-5368	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Ebenconcepts Company	Occupation Insurance		-							
	Receipt For:		e Year-to-Date V	_							
	Primary General Other (specify) ▼	0 0	850.00	]							
<u></u>	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt							
•	Mailing Address 17 North Delmorr Avenu	е		0 3 3 1 2 0 0 7							
	City	State	Zip Code	Transaction ID: 19657028							
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer Avanti Benefits Corp	Occupation Presiden									
	Receipt For:		e Year-to-Date ▼	-							
	Primary General Other (specify) ▼	0 0	400.00	]							
s	UBTOTAL of Receipts This Page (optional)			435.00							
				-							
L 1	OTAL This Period (last page this line number or	"y)	P								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 37 / 47           (check only one)         11a           X         11a           13         14           15         16
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Health Underwr	for the purpose of soliciting contributions olicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial)         RUSH DAVID DIXON         Mailing Address       1375 Piccard Drive         City         Rockville         FEC ID number of contributing federal political committee.         Name of Employer Early Cassidy and Schilling         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MD       20850-4311         C       Occupation         VP of Employee Benefits         Aggregate Year-to-Date       ▼         460.00	Date of Receipt 0 3 / 0 1 / 2 0 0 7 Transaction ID: 19657034 Amount of Each Receipt this Period 120.00
В.	Full Name (Last, First, Middle Initial)         MICHAEL EMBRY         Mailing Address       20700 Civic Center Drive         City         Southfield         FEC ID number of contributing federal political committee.         Name of Employer Comerica Insurance Services Inc.         Receipt For:         Primary       General Other (specify) ▼	ve, Suite 25 State Zip Code MI 48076-4133 C Occupation VP - Group Benefits Division Aggregate Year-to-Date ▼ 540.00	Date of Receipt M M / D J / Y Y Y Y Transaction ID: 19657042 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)	►	205.00
TOTAL This Period (last page this line number only)	►	10764.00

S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)			E NUMBE	R:	P	AGE 38	3 / 47	
		for each category of the Detailed Summary Page		(check or X 21b	lly one)	23	24	25	. Г	26	
		Detailed	Summary Page		27	28a	23 28b	28c	29		30b
	y Information copied from such Reports and Statem										
or	or commercial purposes, other than using the name	and addre	ss of any political	con	nmittee to s	olicit contr	ibutions fr	om such	committe	e	
$\mathbb{N}$	NAME OF COMMITTEE (In Full)										
	National Association of Health Underwriters	S PAC (HI	UPAC)								
<u> </u>	Full Name (Last, First, Middle Initial)					Trans	action ID	: 196572	280		
Α.	Merchant Services						of Disburs				
	Mailing Address 7300 Chapman Hwy					0 <sup>™</sup> 3	M / D	D 1 ′	ź0	ŏ7 <sup>°</sup>	
	City	State	Zip Code			Amou	nt of Each	Disburse	ement thi	is Per	iod
	Knoxville	TN	37920-6612				75	1 00			
	Purpose of Disbursement								/5	1.92	
	Credit Card Processing Fees Candidate Name				001 ategory/						
	Candidate Name			U	Type						
	Office Sought: House Disburse	ment For:				Crodit	Card D	rococin	a Eo		
	Senate	Primary	General			es	Card Pi	ocessin	у ге-		
	State: District:	Other (spe	ecify) 🔻								
	State: District: Full Name (Last, First, Middle Initial)										
в.	J.W. Marriott						action ID of Disburs		)44		
						М	M / D	D / .	Y Y	ý 7 0 7 <sup>°</sup>	1
	Mailing Address 1331 Pennsylvania Ave.,	03		05	200	0 7					
	,	State DC	Zip Code 20004			Amou	nt of Each	n Disburse	ement th	is Per	iod
	Purpose of Disbursement		17144.74								
	PAC Member Conference Hotel Expenses	002									
	Candidate Name			С	ategory/ Type						
	Office Sought: House Disburse	ment For:					Member	Conforo		+	
	Senate	Primary	General				enses	Comere		ι-	
	State: District:	Other (spe	ecify) 🔻								
	Full Name (Last, First, Middle Initial)					<b>T</b>		. 100570	000		
C.	Bank of America						action ID of Disburs		:0Z		
						0 3	M / D	15	ź0	γ <sub>γ</sub> γ	1
	Mailing Address 7810 Old Branch Avenue					0.5			200	0 1	1
		State	Zip Code			Amou	nt of Each	Disburse	ement thi	is Per	iod
		MD	20735						13	3.55	
	Purpose of Disbursement Account Analysis Fee				001				10	0.00	
	Candidate Name	С	ategory/								
					Туре						
		ment For:				Accol	int Analy	sis Fee			
	Senate President	Primary Other (spe	General				,				
	State: District:	Strier (spe	yony) ▼								
	1										
s	UBTOTAL of Disbursements This Page (optional) .				🕨				1803	0.21	
	TAL This Poriod (lost perce this line number and)						0				
	<b>OTAL</b> This Period (last page this line number only)				P						

SCHEDULE B (FEC Form 3X)		E NUMBER: PAGE 39/47
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	nly one) 22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) National Association of Health Underwriters	s PAC (HUPAC)	
Full Name (Last, First, Middle Initial)         American Express         Mailing Address       PO Box 53852		Transaction ID: 19657283 Date of Disbursement $\begin{array}{c c} & & \\ \hline \hline & & \\ \hline \\ \hline$
)	State Zip Code AZ 85072-3852	Amount of Each Disbursement this Period 148.48
Candidate Name	Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	Credit Card Processing Fe- es
State: District:		

1		
SUBTOTAL of Disbursements This Page (optional)	►	148.48
TOTAL This Period (last page this line number only)	•	18178.69
FEC Schedule B (Form 3X) Rev. 02/2003		

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 40 / 47
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 301
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) National Association of Health Underwriter			
Α.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee Mailing Address PO Box 360			M         M         /         D         D         7         Y
		State Zip Code AR 71857		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Ross		011 Category/ Type	1000.00
	<u> </u>	ement For: 2008 Primary General Other (specify)		Contribution
в.	Full Name (Last, First, Middle Initial) Van Hollen For Congress			Transaction ID: 19291276 Date of Disbursement
	Mailing Address 10537 St. Paul Street		$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 3 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 7 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $	
	Kenington	State Zip Code MD 20895		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Chris Van Hollen		011 Category/ Type	
		ement For: 2008 Primary General Other (specify) ▼		Contribution
C.	Full Name (Last, First, Middle Initial) Tiberi For Congress			Transaction ID: 19291295 Date of Disbursement
	Mailing Address 2021 E Dublin Granville I Suite 2000			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $
	Columbus	State Zip Code OH 43229		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Category/	
	8 <u>X</u>	ement For: 2008 Primary General Other (specify)	Туре	Contribution
s	UBTOTAL of Disbursements This Page (optional) .		····· <b>Þ</b>	3000.00
Т	OTAL This Period (last page this line number only)	)		
FEC	Schedule B (Form 3X) Rev. 02/2003			

ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the Detailed Summary Page       Ito The purpose of Solicating or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC)         Image: space state state with the purpose of solicating or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC)         Image: space state state with the purpose of solicating maining Address       P.O. Box 14070         Image: space state state with the purpose of Disbursement Contribution       Image: space state with the purpose of Disbursement Contribution         Image: space state with the purpose of Disbursement Contributions       Image: space state with the purpose of Disbursement For: Candidate Name Rep. Heather A. Wilson       Image: space state with the purpose of Disbursement for: Candidate Name President       Image: space state with the purpose of Disbursement for: President       Image: space state with the purpose of Disbursement for: President       Image: space state with the purpose of Disbursement for: President       Image: space state with the purpose of Disbursement for: Purpose of Disbursement Contribution       Image: space state with the purpose of Disbursement for: Category/ Type       Image: space state with the purpose of Disbursement for: Category/ Type       Image: space state with the purpose of Disbursement for: Category/ Type       Image: space state with the purpose of Disbursement for: Category/ Type <td< th=""><th>303 Y Y Z 0 0 7 Y</th></td<>	303 Y Y Z 0 0 7 Y
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)       National Association of Health Underwriters PAC (HUPAC)         A. Heather Wilson For Congress       Transaction ID: 19291         Mailing Address       P.O. Box 14070         City       State       Zip Code         Albuquerque       NM       87191         Purpose of Disbursement       011       Category/ Type         Contribution       011       Category/ Type         Office Sought:       X House       Disbursement For: 2008       Contribution         State: NM       District: 1       Other (specify) ▼       Contribution         B. Rick Renzi For Congress       Disbursement For: 2008       Amount of Each Disbursement         Mailing Address       P.O. Box 2383       Transaction ID: 19291         Date of Disbursement       011       Category/ Type       Disbursement         Mailing Address       P.O. Box 2383       Transaction ID: 19291       Date of Disbursement         Carificate Name       Rep. Rick Renzi       Disbursement For: 2008       Amount of Each Disbursement         Mailing Address       P.O. Box 2383       Contribution       Office Sought: X House       Other (specify) ▼         Office Sought:       X House	303 <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> sement this Period
NAME OF COMMITTEE (In Full)         National Association of Health Underwriters PAC (HUPAC)         Full Name (Last, First, Middle Initial)         A. Heather Wilson For Congress         Mailing Address       P.O. Box 14070         City       State         Albuquerque       NM         Bruncol Cardidate Name       011         Cardidate Name       Disbursement For:         2008       Yesident         Office Sought:       X         Full Name (Last, First, Middle Initial)         B. Rick Renzi For Congress         Mailing Address       P.O. Box 2383         City       State         Zip Code         Armount of Each Disbursement For:       2008         Contribution       Other (specify)         B. Rick Renzi For Congress       Disbursement For:         Mailing Address       P.O. Box 2383         City       State         Purpose of Disbursement Contribution       011         Cardidate Name       Category/         Rep. Rick Renzi       Disbursement For:         2008       City         Purpose of Disbursement Contribution       011         Cardidate Name       Benate         Prescott       AZ <tr< td=""><td>303 <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> sement this Period</td></tr<>	303 <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> sement this Period
A.       Heather Wilson For Congress       Date of Disbursement         Mailing Address       P.O. Box 14070       0 7 1         City       State       Zip Code         Albuquerque       NM       87191         Purpose of Disbursement       011         Candidate Name       011         Cardidate Name       Senate         President       Disbursement For:       2008         Contribution       Other (specify)       Contribution         State: NM       District: 1       Full Name (Last, First, Middle Initial)         B.       Rick Renzi For Congress       Disbursement For:       2008         Mailing Address       P.O. Box 2383       Amount of Each Disbursement         Mailing Address       P.O. Box 2383       Amount of Each Disbursement         Mailing Address       P.O. Box 2383       Amount of Each Disbursement         Mailing Address       P.O. Box 2383       Amount of Each Disbursement         Office Sought:       X       House       State         Purpose of Disbursement       Other (specify)       Type         Office Sought:       X       House       Senate         President       Disbursement For:       2008       Contribution         Grige Sought: </td <td>Y 2007 sement this Period</td>	Y 2007 sement this Period
City       State       Zip Code       Amount of Each Disburs         Albuquerque       NM       87191       Amount of Each Disburs         Purpose of Disbursement       O11       Category/       Type         Contribution       O11       Category/       Type         Office Sought:       X       House       Disbursement For:       2008         Senate       President       Other (specify)       Contribution         State: NM       District: 1       Transaction ID: 19291       Date of Disbursement         Mailing Address       P.O. Box 2383       Transaction ID: 19291       Date of Disbursement         Contribution       O11       Category/       Y       Contribution         City       State       Zip Code       Amount of Each Disbursement         Mailing Address       P.O. Box 2383       Amount of Each Disbursement         Contribution       O11       Category/       Transaction ID: 19291         Office Sought:       X       House       Disbursement For:       2008         Senate       President       Disbursement For:       2008       Contribution         State: AZ       District: 1       Disbursement For:       2008       Contribution         State: AZ <t< td=""><td>sement this Period</td></t<>	sement this Period
Albuquerque       NM       87191         Purpose of Disbursement Contribution       011       011         Candidate Name Rep. Heather A. Wilson       011       011         Office Sought:       X       House       Disbursement For:       2008         Office Sought:       X       House       Disbursement For:       2008       Contribution         State: NM       District: 1       District: 1       Transaction ID: 19291       Date of Disbursement         B.       Full Name (Last, First, Middle Initial)       Rick Renzi For Congress       Transaction ID: 19291       Date of Disbursement         Mailing Address       P.O. Box 2383       011       Category/ Type       City       State       Zip Code         Prescott       AZ       86302       Amount of Each Disbursement       Contribution       Contribution         Candidate Name President       Senate       Disbursement For:       2008       Contribution         General       Office Sought:       X       House       Disbursement For:       2008       Contribution         General       Office Sought:       X       House       Senate       Contribution       Contribution         State: AZ       District: 1       Disbursement For:       2008       Contrib	
Contribution       011         Candidate Name       011         Rep. Heather A. Wilson       Disbursement For: 2008         Office Sought:       X         President       Disbursement For: 2008         State: NM       District: 1         Full Name (Last, First, Middle Initial)       Transaction ID: 19291         B.       Rick Renzi For Congress         Mailing Address       P.O. Box 2383         City       State         Prescott       AZ         86302         Purpose of Disbursement         Contribution         Candidate Name         Rep. Rick Renzi         Office Sought:         X       House         Disbursement For:       2008         Candidate Name         Rep. Rick Renzi         Office Sought:       X         Y       President         State: AZ       District: 1         Disbursement For:       2008         X       Primary         General       Other (specify)         Office Sought:       X         Senate       President         State: AZ       District: 1         Conter (specify)       Transaction ID: 19291	1000.00
Office Sought:       X       House       Disbursement For:       2008       Contribution         State: NM       District: 1       Other (specify)       ✓       Contribution         B.       Full Name (Last, First, Middle Initial)       Transaction ID: 19291       Date of Disbursement         Mailing Address       P.O. Box 2383       Mailing Address       P.O. Box 2383       Mailing Address         City       State       Zip Code       Amount of Each Disbursement         Purpose of Disbursement       011       Category/         Candidate Name       Disbursement For:       2008         Age: AZ       Bisbursement For:       2008         Office Sought:       X       House         Senate       Disbursement For:       2008         Office Sought:       X       House         Senate       Disbursement For:       2008         Contribution       Other (specify)       Contribution         State: AZ       District: 1       Conter (specify)       Transaction ID: 19291         Date of Disbursement       Other (specify)       Transaction ID: 19291       Date of Disbursement	
B. Rick Renzi For Congress       Mailing Address       P.O. Box 2383       Date of Disbursement         Mailing Address       P.O. Box 2383       Mailing Address       P.O. Box 2383         City       State       Zip Code       Amount of Each Disbursement         Purpose of Disbursement       011       Category/       Amount of Each Disbursement         Contribution       011       Category/       Type         Office Sought:       X       House       Disbursement For:       2008         Contribution       Other (specify)       Contribution       Contribution         State: AZ       District: 1       Other (specify)       Transaction ID: 19291         Date of Disbursement       Disbursement For:       2008         Y       President       Other (specify)       Disbursement	
Mailing Address       P.O. Box 2383       0 3       0 7         City       State       Zip Code       Amount of Each Disburse         Purpose of Disbursement       011       011         Contribution       011       Category/       Type         Office Sought:       X       House       Disbursement For:       2008         Office Sought:       X       House       Disbursement For:       2008         Office Sought:       X       Primary       General       Contribution         State: AZ       District: 1       Other (specify)       Transaction ID: 19291         Date of Disbursement       Disbursement       Disbursement	
Prescott       AZ       86302         Purpose of Disbursement       011         Contribution       011         Candidate Name       011         Candidate Name       Category/         Rep. Rick Renzi       Disbursement For: 2008         Office Sought:       X       House         President       Other (specify)       Contribution         State: AZ       District: 1       Other (specify)       Transaction ID: 19291         Date of Disbursement       Disbursement       Disbursement	<sup>2</sup> 2 0 0 7 <sup>2</sup>
Contribution       011         Candidate Name       Category/         Rep. Rick Renzi       Disbursement For: 2008         Office Sought:       X         Senate       Primary         President       Other (specify)         State: AZ       District: 1         Full Name (Last, First, Middle Initial)       Transaction ID: 19291         Date of Disbursement	sement this Period
Senate       X       Primary       General       Contribution         State: AZ       District: 1       Other (specify)       ▼       Contribution         Full Name (Last, First, Middle Initial)       Transaction ID: 19291       Date of Disbursement         C.       Porter For Congress       Disbursement	1000.00
Full Name (Last, First, Middle Initial)     Transaction ID: 19291       C. Porter For Congress     Date of Disbursement	
Mailing Address PO Box 26087	Ý ŽOŎ7Ÿ
City State Zip Code Amount of Each Disburs	sement this Period
Purpose of Disbursement Contribution 011	1000.00
Candidate Name Rep. Jon C. Porter Type	
Office Sought:     X     House     Disbursement For:     2008     Contribution       Senate     President     Other (specify)     V     Contribution	
SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	3000.00

SCHEDULE B (FEC Form 3X)			Use sepe	erate schedule(s)	)	FOR LINE		R:	PA	GE 42/	47	
ITEM	NZED DIS	BURSEMEN	TS	for each	category of the Summary Page		(check only 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
		d from such Reports poses, other than usi										
	ME OF COMM	ITTEE (In Full) iation of Health U										
	l Name (Last, F e Terry For C	First, Middle Initial) Congress						Date	action ID			Y
Mail	ling Address	P.O. Box 54009	98					0 <sup>™</sup> 3		4	źoŏ	7
	naha			State NE	Zip Code 68154			Amou	nt of Each	Disburse		
Con Can	pose of Disbuintribution Indidate Name p. Lee Terry	rsement				Ca	011 ategory/	L.			1000.	.00
Offi	ice Sought: te: NE	X House Senate President District: 2	Disburser	nent For: Primary Other (spe	2008 General ecify) ▼		Туре	Contr	ibution			
-	l Name (Last, F ode For Cor	First, Middle Initial) Igress	1					Date	action ID	ement	-	
Mail	Mailing Address 235 South Main Street							<sup>м</sup> 3	M / D	<sup>D</sup> / `	200	7 <sup>×</sup>
	cky Mount	vo om out		State √A	Zip Code 24151			Amou	nt of Each	Disburse	ment this	
Con Can	pose of Disburn ntribution ndidate Name p. Virgil H. G					Ca	011 ategory/ Type	L	· ·			
	ice Sought: te: VA	X House Senate President District: 5	Disburser	nent For: Primary Other (spe	2008 General ecify) ▼			Contr	ibution			
Full		First, Middle Initial)	<u> </u>					Date	action ID	ement		
Mail	iling Address	145 E. Rich Str	eet					0 <sup>™</sup> 3	M / D	<b>6</b> /	źoò	7
City Col	/ lumbus			State OH	Zip Code 43215			Amou	nt of Each	Disburse	ment this	Period
	pose of Disbui	rsement					011	L.			1000.	.00
	ndidate Name p. Deborah I	Pryce				Ca	ategory/ Type					
	ice Sought: te: OH	X House Senate President District: 15	Disburser X	nent For: Primary Other (spe	2008 General ecify) ▼			Contr	ibution			
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		E NUMBER: PAGE 43/47	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or 21b 27	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	y Information copied from such Reports and Statem or commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) National Association of Health Underwriter				
Α.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress			Transaction ID: 19418238 Date of Disbursement	
	Mailing Address 555 Capitol Mall Suite 14	125		$\begin{array}{c} \begin{array}{c} M & 3 \\ \hline 0 & 3 \\ \end{array} \end{array} \begin{array}{c} D \\ 1 & 6 \\ \end{array} \begin{array}{c} D \\ 1 & 6 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \end{array} \begin{array}{c} D \\ D \\ \end{array} \end{array} \end{array} $	
	Sacramento	State Zip Code CA 95814		Amount of Each Disbursement this Period	
	Purpose of Disbursement Contribution Candidate Name Rep. Anna G. Eshoo		011 Category/	1000.00	
	Office Sought: X House Disburse	ement For: 2008 Primary General Other (specify)	Туре	Contribution	
в.	Full Name (Last, First, Middle Initial) Friends Of John Boehner			Transaction ID: 19417952	
	Mailing Address 7908-I Cincinnati Dayton	Date of Disbursement $03^{\text{M}}$ / $16^{\text{D}}$ / $2007^{\text{Y}}$			
	,	State Zip Code OH 45069		Amount of Each Disbursement this Period	
	Purpose of Disbursement Contribution Candidate Name Rep. John A. Boehner		011 Category/	2000.00	
	Office Sought: X House Disburse	ement For: 2008 Primary General Other (specify) V	Туре	Contribution	
C.	Full Name (Last, First, Middle Initial) Friends Of John Peterson			Transaction ID: 19417970 Date of Disbursement	
	Mailing Address 114 W. State Street PO Box 295			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 3 \\ \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$	
	City Pleasantville	State Zip Code PA 16341		Amount of Each Disbursement this Period	
	Purpose of Disbursement Contribution		011	1000.00	
	Candidate Name Rep. John E. Peterson	Category/ Type			
	5 <u>x</u>	ement For: 2008 Primary General Other (specify)		Contribution	
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	)		NUMBER:	PAGE 44 / 47		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, 	(check on 21b	22 X 23	24 25	726	
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full)							
V	National Association of Health Underwriter	s PAC (HUPAC)						
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<b>~</b> ·	Friends Of Max Baucus				Date of Disburseme		1	
	Mailing Address PO Box 586				0 3 1 6	Ý Ž007		
		State Zip Code MT 59624			Amount of Each Dis	sbursement this Peri	iod	
	Purpose of Disbursement	1011 59624				2000.00		
	Contribution			011				
	Candidate Name Sen. Max Baucus			itegory/ Гуре				
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	XSenateXPresident	PrimaryGeneralOther (specify)						
	State: MT District: 1							
в.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus			Transaction ID: 19417951 Date of Disbursement				
	Mailing Address PO Box 586					<sup>/</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>	1	
	,	State Zip Code MT 59624			Amount of Each Dis	sbursement this Peri	iod	
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	Candidate Name			itegory/				
	Sen. Max Baucus Office Sought: House Disburse	ement For: 2008	· ·	Гуре				
	X Senate	Primary X General			Contribution			
	State: MT District: 1	Other (specify)						
	Full Name (Last, First, Middle Initial)				Transaction ID: 19	9417936		
C.	Jim Jordan For Congress				Date of Disburseme	ent		
	Mailing Address 1709 State Route 560 S				03 <sup>M</sup> /16 <sup>D</sup>	Ý ŽOŎ7Ÿ		
		State Zip Code			Amount of Each Dis	sbursement this Peri	iod	
	Urbana Purpose of Disbursement	OH 43078				1000.00		
	Contribution			011				
	Candidate Name Category, Mr. James Jordan Type							
		ement For: 2008			Contribution			
	Senate X President	PrimaryGeneralOther (specify)▼						
_	State: OH District: 4							
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE 45/47
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) National Association of Health Underwriter				
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: 19	
Α.	Citizens For Harkin			Date of Disburseme	
	Mailing Address P O Box 811			03 <sup>M</sup> /16 <sup>D</sup>	Ý ŽOÖ7
		State Zip Code		Amount of Each Dis	sbursement this Period
	Des Moines Purpose of Disbursement	IA 50304			1000.00
	Contribution		011		
	Candidate Name Sen. Tom Harkin		Category/ Type		
	X Senate X President	ement For: 2008 Primary General Other (specify)		Contribution	
	State: IA District: 2 Full Name (Last, First, Middle Initial)				
В.	Hoosiers for Hill			Transaction ID: 19 Date of Disburseme	ent
	Mailing Address PO Box 1071			<sup>M</sup> 0 3 <sup>/</sup> 2 0	<sup>7</sup> <sup>2</sup> 2 0 0 7 <sup>1</sup>
	City Seymour	StateZip CodeIN47274		Amount of Each Dis	sbursement this Period
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	Candidate Name Mr. Baron Hill		011 Category/ Type		
		ement For: 2008 Primary General Other (specify) ▼		Contribution	
	State: IN District:				
C.	Full Name (Last, First, Middle Initial) Friends Of Gordon Smith			Transaction ID: 19 Date of Disburseme	ent
	Mailing Address 228 S Washington Ste 1	15		<sup>M</sup> 0 3 <sup>M</sup> / <sup>D</sup> 2 0	Ý ŽOÖ7
		StateZip CodeVA22314		Amount of Each Dis	sbursement this Period
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	Candidate Name Sen. Gordon Smith	Category/ Type			
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Ν	NAME OF COMMITTEE (In Full)									
	National Association of Health Underwriters	s PAC (HUPAC)								
<u> </u>	Full Name (Last, First, Middle Initial)					Transac	tion ID:	194970	89	
Α.	Earl Pomeroy For Congress					Date of D	Disburse	ment		
	Mailing Address P.O. Box 9336					03	<sup>D</sup> 2	<sup>D</sup> / Y	Ž0Ŏ	7 <sup>Y</sup>
	,	State Zip Code				Amount	of Each I	Disburse	ment this	Period
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	Contribution			011						
	Candidate Name Rep. Earl Pomeroy			ategory	/					
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		Primary General				Contribu	ition			
	State: ND District: 1	Other (specify)								
	Full Name (Last, First, Middle Initial)					<b>T</b>		104070	00	
В.	Christopher Shays For Congress Committee	ЭС				Transac Date of [			90	
	Mailing Address 98 East Avenue Rear Building									
		State Zip Code				Amount	of Each I	Disburse	ment this	Period
		CT 06851							1000.	00
	Purpose of Disbursement Contribution			011						
	Candidate Name Rep. Christopher Shays			ategory Type	/					
	Senate X President	ment For: 2008 Primary General Other (specify) ▼				Contribu	ition			
	State: CT District: 4 Full Name (Last, First, Middle Initial)									
C.	Heller For Congress					Transac Date of [	Disburse	ment		
	Mailing Address PO Box 750580					03	<sup>D</sup> 2	2	200	7 1
		State Zip Code				Amount	of Each I	Disburse	ment this	Period
	Las Vegas Purpose of Disbursement	NV 89136	_						1000.	00
	Contribution 011									
	Candidate Name Category Mr. Dean Heller Type				/					
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ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the Detailed Summary Page       (check only one)       (check only one)         Image: Disbursement State       21b       22       23b       24       25         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such committee       21b       22       23b       24       25         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such committee       NAME OF COMMITTEE (In Full)       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       National Association of Health Underwriters PAC (HUPAC)       Transaction ID: 19509769       Date of Disbursement         Mailing Address       6769 Teachout Rd       Image: City       State       Zip Code       Amount of Each Disbursement this Perice         City       State       Zip Code       MI       49287       1000.00         Purpose of Disbursement       Onther (specify)       Image: Contribution       Contribution         Candidate Name       Senate       Disbursement For:       2008       Contribution         Senate       President       Other (specify)       Transaction ID: 19509317       Date of Disbursement         Mailing Address       PO Box 619	S	CHEDULE B (FEC Form 3X)			NUMBER: PAGE 47/47
Detailed Summary Page       210       22       23       24       25         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such committee       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       NAME OF COMMITTEE (In Full)       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       National Association of Health Underwriters PAC (HUPAC)       Transaction ID: 19509769         Area of Disbursement       Mailing Address       6769 Teachout Rd       Transaction ID: 19509769         Mailing Address       6769 Teachout Rd       Mailing Address       6769 Teachout Rd         City       State       Zip Code       Amount of Each Disbursement this Peric         Purpose of Disbursement       011       Catigony/ Type       1000.00         Office Sought:       X House       Disbursement For:       2008         State: MI       District: 7       Contribution       Contribution         Mailing Address       PO Box 619       Transaction ID: 19509317         City       State       Zip Code       Amount of Each Disbursement this Peric         Mailing Address       PO Box 619       Other (specify) Type       Amount of Each Disbursement this Peric         City       State       Zip Code       Amo		· · /			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) National Association of Health Underwriters PAC (HUPAC)  Full Name (Last, First, Middle Initial) A. Walberg For Congress Mailing Address 6769 Teachout Rd  City Tipton MI 49287 Purpose of Disbursement Contribution Candidate Name Rep. Timothy Walberg Office Sought: X House Value	II EMIZED DISBURSEMENTS				
National Association of Health Underwriters PAC (HUPAC)         Full Name (Last, First, Middle Initial)         Mailing Address       6769 Teachout Rd         City       State       Zip Code         Tipton       MI       49287         Purpose of Disbursement       011         Cardidate Name       011         Rep. Timothy Walberg       Disbursement For:         Office Sought:       X House         State:       MI         B       Whitehead For Congress         Mailing Address       PO Box 619         City       State         Disbursement For:       2008         Contribution       011         Category/       Type         Office Sought:       X House         State:       Disbursement For:         2008       Contribution         State:       Mil District: 7         B       Whitehead For Congress         Mailing Address       PO Box 619         City       State       Zip Code         Evans       GA       30809         Purpose of Disbursement       Contribution         Cardidate Name       Category/         Miling Address       PO Box 619					
A       Walberg For Congress       Date of Disbursement         Mailing Address       6769 Teachout Rd         City       State       Zip Code         Tipton       MI       49287         Purpose of Disbursement       011         Candidate Name       011         Cardidate Name       Senate         President       Disbursement For:       2008         Office Sought:       X       House         President       Disbursement For:       2008         Contribution       Other (specify)       Contribution         State: MI       District: 7       Disbursement         Purpose of Disbursement       Other (specify)       Contribution         B.       Whitehead For Congress       Transaction ID: 19509317         Date of Disbursement       011       Category/         City       State       Zip Code         Evans       GA       30809       Amount of Each Disbursement this Peric         Miling Address       PO Box 619       011       Category/         Contribution       011       Category/       Type         Office Sought:       X       House       Disbursement For:       2007         General       011 <t< th=""><th><math>\left \right\rangle</math></th><th>. ,</th><th>rs PAC (HUPAC)</th><th></th><th></th></t<>	$\left \right\rangle$	. ,	rs PAC (HUPAC)		
A.       Wallberg For Congress       Date of Disbursement         Mailing Address       6769 Teachout Rd         City       State       Zip Code         Tipton       Mil       49287         Purpose of Disbursement       O11         Candidate Name       Senate       Disbursement For:         Office Sought:       X       House         Disbursement For:       2008         X       Primary       General         Other (specify)       Contribution         State: MI       District: 7         Full Name (Last, First, Middle Initial)       President         B.       Whitehead For Congress         Mailing Address       PO Box 619         City       State         City       State         Evans       GA         Office Sought:       X         House       Disbursement For:         2008       Amount of Each Disbursement for:         011       Category/         Type       Date of Disbursement for:         0207       Y 2 0 X 7         Amount of Each Disbursement this Peric         03 M       ' <sup>0</sup> 2 7' / Y 2 0 X 7'         Category/       Type         Office Sou		Full Name (Last, First, Middle Initial)			Transaction ID: 19509769
City       State       Zip Code         Tipton       MI       49287         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       Disbursement For:       2008         Contribution       011       Category/ Type         Office Sought:       X House       Disbursement For:       2008         Senate       President       Contribution       Contribution         State:       MI       District: 7       Contribution       Contribution         B.       Whitehead For Congress       Mailing Address       PO Box 619       Transaction ID: 19509317         City       State       Zip Code       Amount of Each Disbursement       Mailing Address         PO Box 619       City       State       Zip Code       Amount of Each Disbursement this Peric         Contribution       O11       Category/ Type       Y 2 0 0 7       Amount of Each Disbursement this Peric         Office Sought:       X House       Disbursement For:       2007       Contribution         Office Sought:       X House       Disbursement For:       2007       Contribution         Office Sought:       X House       Disbursement For:       2007       Contribution <th>Α.</th> <th>Walberg For Congress</th> <th></th> <th></th> <th></th>	Α.	Walberg For Congress			
Tipton       MI       49287         Purpose of Disbursement Contribution       011         Candidate Name Rep. Timothy Walberg       011         Office Sought:       X       House Senate       Disbursement For: Other (specify)       2008         State: MI       District: 7       Other (specify)       Contribution         B.       Whitehead For Congress       Transaction ID: 19509317 Date of Disbursement GA       Transaction ID: 19509317         City       State:       GA       Zip Code GA       Amount of Each Disbursement this Peric         Purpose of Disbursement Contribution       011       Category/ Type       Y       Y 0 0 7         City       State       GA       30809       Amount of Each Disbursement this Peric         Purpose of Disbursement Contribution       011       Category/ Type       1000.00         Office Sought:       X       House       Disbursement For: Senate       2007       Contribution         Office Sought:       X       House       Disbursement For: Senate       2007       Contribution		Mailing Address 6769 Teachout Rd			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & 2 & 7 \\ 2 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & 0 & 0 & 7 \\ 2 & 0 & 0 & 7 \\ \end{pmatrix}$
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Contribution       011         Candidate Name       011         Candidate Name       Senate         President       Disbursement For:       2008         Contribution       Other (specify)       Contribution         State: MI       District: 7       Other (specify)       Contribution         Full Name (Last, First, Middle Initial)       B.       Whitehead For Congress       Transaction ID: 19509317         Mailing Address       PO Box 619       Office Sought:       X       Y       Y 2 0 0 7 Y         City       State       Zip Code       Amount of Each Disbursement this Peric         Contribution       O11       Category/       1000.00         Purpose of Disbursement       O11       Category/       1000.00         Office Sought:       X       House       Disbursement For:       2007         Mr. James Whitehead       Disbursement For:       2007       Contribution       Contribution         Office Sought:       X       House       Disbursement For:       2007       Contribution         Office Sought:       X       House       Disbursement For:       2007       Contribution		Tipton	MI 49287		
Rep. Timothy Walberg       Type         Office Sought:       X       House       Disbursement For: 2008       Contribution         State: MI       District: 7       Other (specify) ▼       Contribution         Full Name (Last, First, Middle Initial)       Transaction ID: 19509317       Date of Disbursement         B. Whitehead For Congress       Mailing Address       PO Box 619       Mailing Address       PO Box 619         City       State       Zip Code       Amount of Each Disbursement this Perior         Purpose of Disbursement       011       Category/       1000.00         Purpose of Disbursement       Disbursement For: 2007       Contribution       Contribution         Candidate Name       Disbursement For: 2007       Contribution       Contribution         Office Sought:       X       House       Disbursement For: 2007       Contribution         Office Sought:       X       House       Disbursement For: 2007       Contribution				011	1000.00
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<ul> <li>B. Whitehead For Congress</li> <li>Mailing Address PO Box 619</li> <li>City State Zip Code GA 30809</li> <li>Purpose of Disbursement Contribution</li> <li>Candidate Name Mr. James Whitehead</li> <li>Office Sought: X House Disbursement For: 2007</li> <li>Contribution X House Disbursement For: 2007</li> <li>Contribution X Other (specify) ▼</li> </ul>		Senate > President	Primary General		Contribution
B. Whitehead For Congress       Date of Disbursement         Mailing Address       PO Box 619         City       State       Zip Code         Evans       GA       30809         Purpose of Disbursement       011         Candidate Name       011         Cardidate Name       Disbursement For:       2007         Office Sought:       X       House       Disbursement For:       2007         Office Sought:       X       House       Disbursement For:       2007         Office Sought:       X       Other (specify)       Contribution       Contribution		Full Name (Last, First, Middle Initial)			Transaction ID: 19509317
City       State       Zip Code         Evans       GA       30809         Purpose of Disbursement       011         Contribution       011         Candidate Name       011         Candidate Name       Category/         Mr. James Whitehead       Disbursement For:       2007         Office Sought:       X       House       Disbursement For:       2007         President       X       Other (specify)       Contribution       Contribution	В.	Whitehead For Congress			
Evans       GA       30809         Purpose of Disbursement Contribution       011       1000.00         Candidate Name Mr. James Whitehead       011       Category/ Type       1000.00         Office Sought:       X       House Senate       Disbursement For: 2007 Primary       2007 General       Contribution         Office Sought:       X       House       Disbursement For: 2007 Senate       Contribution       Contribution					$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 7 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 7 \end{bmatrix}$
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Mr. James Whitehead     Type       Office Sought:     X     House     Disbursement For: 2007       Senate     Primary     General       President     X     Other (specify)				011	1000.00
Senate     Primary     General       President     X     Other (specify)					
		Senate	Primary General		Contribution

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