

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street) P. O. Box 7135
 Check if different than previously reported. (ACC)
Washington DC 20044-7135

2. **FEC IDENTIFICATION NUMBER** C00283135
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		41981.92
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning 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									

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**

Write or Type Committee Name
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10764.00	56671.00
(i) Itemized (use Schedule A)	12593.34	59679.17
(ii) Unitemized	23357.34	116350.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23357.34	116350.17
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	12.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23357.34	116362.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23357.34	116362.17

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	18234.78	41286.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18234.78	41286.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	42000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	80.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	80.00
29. Other Disbursements.....	0.00	-500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44734.78	82866.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44734.78	82866.36

DETAILED SUMMARY PAGE
of Disbursements

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address PO Box 93546

City State Zip Code
Albuquerque NM 87199-3546

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

Name of Employer Occupation
Flint & Associates Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2007

Transaction ID: 19318068

Amount of Each Receipt this Period
730.00

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

Mailing Address 8516 East 101st, Suite H

City State Zip Code
Tulsa OK 74133-7035

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

Name of Employer Occupation
BenEx Insurance Agency Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2007

Transaction ID: 19318069

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Alan S Katz

Mailing Address 26610 Agoura Rd., # 290

City State Zip Code
Calabasas CA 91302-3802

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

Name of Employer Occupation
Insurance Neighborhood Senior Vice President, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 19329476

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	1830.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address P. O. Box 7648

City State Zip Code
Tyler TX 75711-7648

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

Name of Employer Strategies In Employee Benefits Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: 19491695

Amount of Each Receipt this Period
80.00

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

Mailing Address 7606 University Avenue, Suite B

City State Zip Code
Lubbock TX 79423-2128

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

Name of Employer Ashmore Agency Inc Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: 19491698

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
B D CALVIN

Mailing Address PO Box 101422

City State Zip Code
Anchorage AK 99510-1422

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

Name of Employer Calco Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: 19491724

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. MICHAEL E. CARMEAN		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address PO Box 7367 2300 Whittlesey Rd Suite A		Transaction ID: 19491727	
City Columbus State GA Zip Code 31908-7367	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Paragon Marketing Occupation Vice President, Group Sales & Marketing	Aggregate Year-to-Date ▼ 466.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. EUGENE EBERSOLE		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address PO Box 2886		Transaction ID: 19491755	
City Gretna State LA Zip Code 70054-2886	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ebersole & Associates Inc. Occupation Insurance Agent	Aggregate Year-to-Date ▼ 355.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DAVID FEAR		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 11160 Sun Center Drive, Suite A		Transaction ID: 19491761	
City Rancho Cordova State CA Zip Code 95670-6121	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CIMS Strategic Distribution Division Occupation Director of Strategic Distribution	Aggregate Year-to-Date ▼ 705.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
JAMES S. GARBINA

Mailing Address 11949 Q Street

City State Zip Code
Omaha NE 68137-3595

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

Name of Employer Harry A. Koch Co. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491768

Amount of Each Receipt this Period
85.00

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

Mailing Address 1502 West Avenue

City State Zip Code
Austin TX 78701-1561

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

Name of Employer Bruce Gardner Insurance & Investments Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491769

Amount of Each Receipt this Period
80.00

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

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5906

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

Name of Employer Business Planning Group Of OK Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491785

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. LISA ILLS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 4455 East Camelback Road, Suite D2		Transaction ID: 19491804	
City State Zip Code Phoenix AZ 85018-2865	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Glass Financial Group	Occupation Employee Benefit Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

Full Name (Last, First, Middle Initial) B. LARRY KACZMAREK		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 2633 State Route 59, Suite B		Transaction ID: 19491816	
City State Zip Code Ravenna OH 44266-1684	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kaczmarek Insurance Services Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. THELMA KACZMAREK		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 2633 State Route 59, Suite B P O Box 345		Transaction ID: 19491817	
City State Zip Code Ravenna OH 44266	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kaczmarek Ins. Services Agency Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	235.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. MICHAEL KIELIAN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address PO Box 45279		Transaction ID: 19491819	
City Omaha	State NE	Zip Code 68145-0279	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. DAVID MOORE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address PO Box 1006		Transaction ID: 19491847	
City Burlington	State NC	Zip Code 27216-1006	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer David R. Moore CLU & Associates	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

Full Name (Last, First, Middle Initial) C. WESLEY MOORE, III		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address P O Box 604		Transaction ID: 19491848	
City Darlington	State SC	Zip Code 29540-0604	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer W P Moore Agency	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	270.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JOHN PARKER		Date of Receipt MM / DD / YYYY 03 / 01 / 2007
Mailing Address 47 Laurel Hill Drive		Transaction ID: 19491868
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. DAVID PERRY		Date of Receipt MM / DD / YYYY 03 / 01 / 2007
Mailing Address 1634 Ryan Street		Transaction ID: 19491872
City Lake Charles	State LA	Zip Code 70601-5949
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer The Perry Agency Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Joseph Phifer		Date of Receipt MM / DD / YYYY 03 / 01 / 2007
Mailing Address 5495 Belt Line Road, Suite 155		Transaction ID: 19491875
City Dallas	State TX	Zip Code 75254-7643
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 85.00
Name of Employer SafeGuard Health Enterprises	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
JOHN G. PRUE

Mailing Address 7311 West 132nd Street, Suite 200

City State Zip Code
Shawnee Mission KS 66213

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

Name of Employer Humana Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491882

Amount of Each Receipt this Period
85.00

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

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

City State Zip Code
Lincoln NE 68516-6574

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491893

Amount of Each Receipt this Period
100.00

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

Mailing Address 100 S. Sunrise Way, PMB 364

City State Zip Code
Palm Springs CA 92262

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

Name of Employer Palm Canyon Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491898

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address PO Box 4252

City State Zip Code
Timonium MD 21094-4252

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

Name of Employer Occupation
Heritage Financial Consultants LLC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491904

Amount of Each Receipt this Period
10.00

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

Mailing Address 9755 Randall Dr., # 101

City State Zip Code
Indianapolis IN 46280

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

Name of Employer Occupation
Benefit Innovations LLP Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491931

Amount of Each Receipt this Period
50.00

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

Mailing Address 8420 West Dodge Road, Suite 510

City State Zip Code
Omaha NE 68114-3432

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

Name of Employer Occupation
Senior Market Sales Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: 19491932

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RYAN THORN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 10342 South Springcrest Lane		Transaction ID: 19491937	
City State Zip Code South Jordan UT 84095-4538	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thorn Insurance Planning Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. JANET TRAUTWEIN-STOKES		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 2000 N 14th Street		Transaction ID: 19491942	
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAHU	Occupation Executive VP, CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) C. MARILYN STENGER		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 268 South Street		Transaction ID: 19491945	
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAS Financial Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. STEVEN L. WILSON		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1151 Red Mile Road		Transaction ID: 19499118	
City State Zip Code Lexington KY 40504-2645		Amount of Each Receipt this Period 190.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Benefit Insurance Marketing Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Susan McGinnis		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 8516 East 101st, Suite H		Transaction ID: 19509793	
City State Zip Code Tulsa OK 74133-7035		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer BenEx Insurance Agency Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Baker		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 2646 Highway Ave		Transaction ID: 19509794	
City State Zip Code Highland IN 46322-1661		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Professional Insurance Mgmt. Co. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	470.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Richard C. Scarboro		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address PO Box 3045		Transaction ID: 19532944	
City Asheville	State NC	Amount of Each Receipt this Period 365.00	
Zip Code 28802-3045			
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Ridge Benefit Solutions Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. MAURICE LYONS		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 19635214	
City New York	State NY	Amount of Each Receipt this Period 85.00	
Zip Code 10017-8103			
FEC ID number of contributing federal political committee. C			
Name of Employer The Medical Link Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) C. LORELIE G. CASTELLANI		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address PO Box 905		Transaction ID: 19635240	
City Branchville	State NJ	Amount of Each Receipt this Period 85.00	
Zip Code 07826-0905			
FEC ID number of contributing federal political committee. C			
Name of Employer Benefit Guidance Systems	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	535.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CHERYL S FARMER		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1755 East Bristol Street		Transaction ID: 19635244
City State Zip Code Elkhart IN 46514-3968	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Resources Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. JESSE A PATTON		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1112 Maple Street		Transaction ID: 19635245
City State Zip Code West Des Moines IA 50265	Amount of Each Receipt this Period 334.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Associations Marketing Group Inc.	Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 993.00	

Full Name (Last, First, Middle Initial) C. STEVEN L. WILSON		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1151 Red Mile Road		Transaction ID: 19635246
City State Zip Code Lexington KY 40504-2645	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Benefit Insurance Marketing	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional) ▶	414.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. THOMAS M. FAULDS		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address PO Box 6170		Transaction ID: 19635248
City Columbia	State SC	Zip Code 29260-6170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer BlueChoice Health Plan	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. RODNEY STUART		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 9755 Randall Dr., # 101		Transaction ID: 19635249
City Indianapolis	State IN	Zip Code 46280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Benefit Innovations LLP	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) C. JAMES Shannon RICKETTS		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 3900 Halisport Drive		Transaction ID: 19635258
City Kennesaw	State GA	Zip Code 30152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Purchasing Alliance Solutions Inc.	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	▶	535.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
JOSEPH E. HENEHAN

Mailing Address 650 East Hospitality Lane #340

City State Zip Code
San Bernardino CA 92408-3584

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

Name of Employer Occupation
The Henehan Company Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 19635262

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
EDWARD F BYRD

Mailing Address PO Box 50164

City State Zip Code
Columbia SC 29250-0164

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

Name of Employer Occupation
Norris-Byrd Group Benefits LLC Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 19635264

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DAREN R. ALLEN

Mailing Address 14744 Timberbluff Drive

City State Zip Code
Chesterfield MO 63017-5574

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

Name of Employer Occupation
WellPoint Health Networks Director of Agency Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 19635265

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	215.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. MARCIA WILCOX		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 25302 153rd Place SE		Transaction ID: 19635267	
City State Zip Code Monroe WA 98272-9026	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Benefits Resource Group Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) B. STEVEN T. WISNESKI		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 4265 Grand Haven Road, Suite 200		Transaction ID: 19635273	
City State Zip Code Muskegon MI 49441-5546	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Creative Benefit Systems Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. RAY M. MUSSER		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 404 North Second Avenue, Suite B		Transaction ID: 19635281	
City State Zip Code Upland CA 91786-4701	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ray M. Musser & Associates Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 15 Kennedy Drive

City State Zip Code
Budd Lake NJ 07828-1438

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

Name of Employer Occupation
The Ruggiero Group LLC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635307

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
MICHAEL A. RIVERA

Mailing Address 12200 Northwest Freeway, Suite 662

City State Zip Code
Houston TX 77092-4927

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

Name of Employer Occupation
Northwest General Insurance Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635313

Amount of Each Receipt this Period
85.00

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

Mailing Address P.O. Box 6465

City State Zip Code
Santa Barbara CA 93111-1925

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

Name of Employer Occupation
Larsen Insurance Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635316

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	245.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JON C RAUSER		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 19635317	
City State Zip Code Milwaukee WI 53202-4499	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Rauser Agency Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00		

Full Name (Last, First, Middle Initial) B. DAVID S JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address P. O. Box 871129		Transaction ID: 19635337	
City State Zip Code Stone Mountain GA 30087-0029	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer David S. Johnson Insurance	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

Full Name (Last, First, Middle Initial) C. DEIRDRE FALLON		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address PO Box 256		Transaction ID: 19635338	
City State Zip Code Spring Lake NJ 07762-0256	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer John J. Slattery Associates Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
ROBERT J BISHOP

Mailing Address 2785 East Desert Inn Rd., # 134

City State Zip Code
Las Vegas NV 89121-3623

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

Name of Employer Occupation
KIA Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635339

Amount of Each Receipt this Period
85.00

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

Mailing Address 9700 Ormsby Station Rd., # 200

City State Zip Code
Louisville KY 40223-4207

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

Name of Employer Occupation
Thompson Associates Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635341

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MARK D. KENNEDY

Mailing Address 1173 Brittmoore Road

City State Zip Code
Houston TX 77043-5003

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

Name of Employer Occupation
Benefit Concepts Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635344

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	▶	315.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. TRAVIS S. MIDDLETON		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 20501 Katy Freeway, # 219		Transaction ID: 19635348	
City State Zip Code Katy TX 77450-1935	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer TradeMark Insurance Agency	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. PETER VINTON		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 9480 Deereco Road		Transaction ID: 19635350	
City State Zip Code Timonium MD 21093-2102	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Corporate Coverage LLC	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. SHARON ALT		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 6410 Southwest Blvd, Suite 204		Transaction ID: 19635357	
City State Zip Code Fort Worth TX 76109-3920	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alt Benefit Consultants Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	230.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. BOB G SHUPE		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address PO Box 2344		Transaction ID: 19635359	
City State Zip Code Brentwood TN 37024-2344		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ESP Inc Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. SUSAN MALEY RASH		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 19635361	
City State Zip Code Richmond VA 23227-4300		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation BB&T Benefit Consultants of Virginia Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) C. SHEILA H HARTMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 21700 Oxnard St., # 1270		Transaction ID: 19635362	
City State Zip Code Woodland Hills CA 91367-3669		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Financial Independence Company Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	285.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. ROSEMARY DEININGER		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 12801 N. Central Expressway, Suite		Transaction ID: 19635363	
City State Zip Code Dallas TX 75243-1741		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Waldman Brothers Occupation Account Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. DESMOND X. SLATTERY		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address PO Box 256		Transaction ID: 19635411	
City State Zip Code Spring Lake NJ 07762-0256		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer John J. Slattery Associates Inc. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. MEL A SCHLESINGER		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address PO Box 30100		Transaction ID: 19635427	
City State Zip Code Winston Salem NC 27130-0100		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Rainmakers Group Inc. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 355.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 5171 Verdugo Way

City State Zip Code
Ventura CA 93004

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

Name of Employer Golden West Dental Health Plan
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635457

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
JAMES D SCHULZ

Mailing Address 7101 S. 82nd St.

City State Zip Code
Lincoln NE 68516-6574

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

Name of Employer Midlands Financial Benefits
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635458

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
MICHAEL E MATZNICK

Mailing Address PO Box 38248
3300 Battleground Ave. #200 (2741)

City State Zip Code
Greensboro NC 27438-8248

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

Name of Employer EbenConcepts Company
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635461

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)	▶	255.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CHARLES T GARTLAN		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address PO Box 1268		Transaction ID: 19635462	
City State Zip Code Toms River NJ 08754-1268		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation BenefitPort LLC Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.00	

Full Name (Last, First, Middle Initial) B. DANIEL W. MCMAHON		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 123 East 2nd Avenue		Transaction ID: 19635464	
City State Zip Code Spokane WA 99202-1504		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Jones & Mitchell Insurance Benefits Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. JAMES R STENGER		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 268 South Street		Transaction ID: 19635467	
City State Zip Code Morristown NJ 07960-6019		Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NAS Financial Services Principal			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 610.00	

SUBTOTAL of Receipts This Page (optional) ▶	260.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
H Luke MCDERMOTT

Mailing Address 883 West Baxter Drive

City State Zip Code
South Jordan UT 84095-8506

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

Name of Employer
McDermott Company & Associates

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635468

Amount of Each Receipt this Period
85.00

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

Mailing Address 1311 L Street

City State Zip Code
Anchorage AK 99501

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

Name of Employer
Capital Management Benefits Corp.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635478

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
ANNE P SPERLING

Mailing Address 25 Antigua Road

City State Zip Code
Santa Fe NM 87508-2201

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

Name of Employer
Daniels Insurance Inc.

Occupation
Employee Benefits Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635482

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
DENNIS E. WRIGHT

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code
Fort Wayne IN 46825-4240

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

Name of Employer IntraHealth Solutions Inc.
Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 19635488

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
GREG A YODER

Mailing Address 1055 Minnesota Avenue

City State Zip Code
San Jose CA 95125-2451

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

Name of Employer Ray Silva Insurance Associates Inc.
Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 19635541

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
TRACY Q BRADFORD

Mailing Address 119 South Main Street, Suite 560

City State Zip Code
Memphis TN 38103

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

Name of Employer Synaxis Polk & Sullivan Insurance
Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 19635551

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	285.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. ROSS W KRAFT		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 41 Notre Dame Lane		Transaction ID: 19635556	
City Utica	State NY	Zip Code 13502	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Meridian Group of New York Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) B. DAN WEBB		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 2108 24th St Ste 2		Transaction ID: 19635557	
City Bakersfield	State CA	Zip Code 93301-3748	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Webb Insurance Group	Occupation Marketing Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) C. BRUCE D BENTON		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 19528 Ventura Boulevard # 596		Transaction ID: 19635560	
City Tarzana	State CA	Zip Code 91356-2917	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Genesis SmithBenton Insurance & Financ	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

SUBTOTAL of Receipts This Page (optional) ▶	255.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 47 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) RON J. NEZAT Mailing Address PO Box 91180 City State Zip Code Lafayette LA 70509-1180 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 19635564 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>85.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7		85.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
	85.00																						
Name of Employer Global Financial Resources Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>355.00</td> </tr> </table>		355.00																				
	355.00																						

B. Full Name (Last, First, Middle Initial) STEPHEN A GRIM Mailing Address P O Box 1105 City State Zip Code Virginia Beach VA 23451-0105 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 19635565 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>85.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7		85.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
	85.00																						
Name of Employer Mid-Atlantic Agency Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>255.00</td> </tr> </table>		255.00																				
	255.00																						

C. Full Name (Last, First, Middle Initial) JEFFREY R. MILES Mailing Address 578 Washington Blvd., #801 City State Zip Code Marina del Rey CA 90292-5442 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 19635578 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>85.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7		85.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
	85.00																						
Name of Employer The Miles Organization Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>255.00</td> </tr> </table>		255.00																				
	255.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>255.00</td> </tr> </table>		255.00
	255.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 35 North Lake Avenue, Suite 720

City Pasadena State CA Zip Code 91101-1856

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

Name of Employer Garner Insurance Services Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2007

Transaction ID: 19635583

Amount of Each Receipt this Period
 85.00

B. Full Name (Last, First, Middle Initial)
WILLIS H. GLAROS

Mailing Address PO Box 184

City Dyer State IN Zip Code 46311-0184

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

Name of Employer Employer Benefit Systems Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2007

Transaction ID: 19635584

Amount of Each Receipt this Period
 85.00

C. Full Name (Last, First, Middle Initial)
PAUL E. SMITH

Mailing Address 124 Washington Street

City Middletown State CT Zip Code 06457-2820

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

Name of Employer AmeriBen Alliance LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2007

Transaction ID: 19635589

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)	▶	255.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. GREG J. SEIFERT		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address PO Box 189 916 Main Street		Transaction ID: 19635595
City Vancouver State WA Zip Code 98666-0189	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Biggs Insurance Services Occupation Insurance Agent	Aggregate Year-to-Date ▼ 855.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ALINE H. ROBERTS		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 3537 Old Conejo Road Suite 114		Transaction ID: 19635608
City Newberry Park State CA Zip Code 91320	Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Insurance Dimensions Occupation Insurance Agent	Aggregate Year-to-Date ▼ 510.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BRIAN W. LIECHTY		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 120 East Washington Street		Transaction ID: 19635623
City Plymouth State IN Zip Code 46563-1744	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer KL Benefits Occupation Insurance Agent	Aggregate Year-to-Date ▼ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address P.O. Box 1230

City Waterloo State IA Zip Code 50704-1230

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

Name of Employer Net Worth Advisors Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 19657023

Amount of Each Receipt this Period
85.00

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

Mailing Address 921-C South McPherson Church Road

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Ebenconcepts Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 19657025

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT A ZIFF

Mailing Address 17 North Delmorr Avenue

City Morrisville State PA Zip Code 19067-6278

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

Name of Employer Avanti Benefits Corp Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 19657028

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	435.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
RUSH DAVID DIXON

Mailing Address 1375 Piccard Drive

City State Zip Code
Rockville MD 20850-4311

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

Name of Employer
Early Cassidy and Schilling

Occupation
VP of Employee Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: 19657034

Amount of Each Receipt this Period
120.00

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

Mailing Address 20700 Civic Center Drive, Suite 25

City State Zip Code
Southfield MI 48076-4133

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

Name of Employer
Comerica Insurance Services Inc.

Occupation
VP - Group Benefits Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Merchant Services		Transaction ID: 19657280 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 751.92
City Knoxville State TN Zip Code 37920-6612	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Credit Card Processing Fees
Category/Type: 001		

Full Name (Last, First, Middle Initial) B. J.W. Marriott		Transaction ID: 19228944 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 1331 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 17144.74
City Washington State DC Zip Code 20004	Purpose of Disbursement PAC Member Conference Hotel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Member Conference Hotel Expenses
Category/Type: 002		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 19657282 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 7810 Old Branch Avenue		Amount of Each Disbursement this Period 133.55
City Clinton State MD Zip Code 20735	Purpose of Disbursement Account Analysis Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Account Analysis Fee
Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional) ▶	18030.21
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 47

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 19657283	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 03 / 21 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 148.48
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Credit Card Processing Fees	

SUBTOTAL of Disbursements This Page (optional) ►

148.48

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

18178.69

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Mike Ross For Congress Committee		Transaction ID: 19291290 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1000.00
City Prescott State AR Zip Code 71857	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Van Hollen For Congress		Transaction ID: 19291276 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 1000.00
City Kennington State MD Zip Code 20895	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Tiberi For Congress		Transaction ID: 19291295 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43229	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Patrick J. Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Heather Wilson For Congress		Transaction ID: 19291303 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00 Contribution
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rick Renzi For Congress		Transaction ID: 19291298 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 2383		Amount of Each Disbursement this Period 1000.00 Contribution
City Prescott State AZ Zip Code 86302	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Rick Renzi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Porter For Congress		Transaction ID: 19291292 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 1000.00 Contribution
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jon C. Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Lee Terry For Congress		Transaction ID: 19337574 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 1000.00 Contribution
City Omaha State NE Zip Code 68154		
Purpose of Disbursement Contribution Candidate Name Rep. Lee Terry Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 2		

Full Name (Last, First, Middle Initial) B. Goode For Congress		Transaction ID: 19337573 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 235 South Main Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Rocky Mount State VA Zip Code 24151		
Purpose of Disbursement Contribution Candidate Name Rep. Virgil H. Goode, Jr. Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 5		

Full Name (Last, First, Middle Initial) C. Pryce For Congress		Transaction ID: 19417935 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Contribution Candidate Name Rep. Deborah Pryce Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Anna Eshoo For Congress		Transaction ID: 19418238 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Anna G. Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends Of John Boehner		Transaction ID: 19417952 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 2000.00
City West Chester State OH Zip Code 45069	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Friends Of John Peterson		Transaction ID: 19417970 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 114 W. State Street PO Box 295		Amount of Each Disbursement this Period 1000.00
City Pleasantville State PA Zip Code 16341	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John E. Peterson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Friends Of Max Baucus		Transaction ID: 19417950 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address PO Box 586		Amount of Each Disbursement this Period 2000.00 Contribution
City Helena State MT Zip Code 59624	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Max Baucus		Transaction ID: 19417951 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address PO Box 586		Amount of Each Disbursement this Period 500.00 Contribution
City Helena State MT Zip Code 59624	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jim Jordan For Congress		Transaction ID: 19417936 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 1709 State Route 560 S		Amount of Each Disbursement this Period 1000.00 Contribution
City Urbana State OH Zip Code 43078	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. James Jordan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

<p>A. Citizens For Harkin</p> <p>Full Name (Last, First, Middle Initial) Citizens For Harkin</p> <p>Mailing Address P O Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sen. Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 2</p>		<p>Transaction ID: 19417985</p> <p>Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
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<p>B. Hoosiers for Hill</p> <p>Full Name (Last, First, Middle Initial) Hoosiers for Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:</p>		<p>Transaction ID: 19454548</p> <p>Date of Disbursement 03 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
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<p>C. Friends Of Gordon Smith</p> <p>Full Name (Last, First, Middle Initial) Friends Of Gordon Smith</p> <p>Mailing Address 228 S Washington Ste 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sen. Gordon Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 2</p>		<p>Transaction ID: 19454547</p> <p>Date of Disbursement 03 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Earl Pomeroy For Congress		Transaction ID: 19497089 Date of Disbursement 03 / 22 / 2007
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 1000.00 Contribution
City Fargo State ND Zip Code 58106	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Christopher Shays For Congress Committee		Transaction ID: 19497090 Date of Disbursement 03 / 22 / 2007
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 1000.00 Contribution
City Norwalk State CT Zip Code 06851	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Heller For Congress		Transaction ID: 19497088 Date of Disbursement 03 / 22 / 2007
Mailing Address PO Box 750580		Amount of Each Disbursement this Period 1000.00 Contribution
City Las Vegas State NV Zip Code 89136	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Dean Heller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Walberg For Congress		Transaction ID: 19509769
Mailing Address 6769 Teachout Rd		Date of Disbursement 03 / 27 / 2007
City Tipton	State MI	Zip Code 49287
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Timothy Walberg		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 7	Contribution	

Full Name (Last, First, Middle Initial) B. Whitehead For Congress		Transaction ID: 19509317
Mailing Address PO Box 619		Date of Disbursement 03 / 27 / 2007
City Evans	State GA	Zip Code 30809
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Mr. James Whitehead		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: GA District: 10	2007 US Special Elec	
		Contribution

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

26500.00