

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 2000 14TH ST ARLINGTON VA 22201

Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, Runoff, Special

5. Covering Period 07 01 2009 through 07 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Electronically Filed by Jennifer Murphy Date 08 14 2009

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		91930.12
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	103977.46									
(c) Total Receipts (from Line 19)	45618.76	295232.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	149596.22	387162.60								
7. Total Disbursements (from Line 31)	37556.19	275122.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112040.03	112040.03								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	34203.59	162226.21
(ii) Unitemized	11411.42	132967.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	45615.01	295193.73
(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)	45615.01	295193.73
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.75	38.75
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))	45618.76	295232.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45618.76	295232.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1376.19	8877.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1376.19	8877.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	263900.00
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	180.00	2345.00
(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))	180.00	2345.00
29. Other Disbursements.....	0.00	0.00
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))..	37556.19	275122.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37556.19	275122.57

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	45615.01	295193.73
34. Total Contribution Refunds (from Line 28(d))	180.00	2345.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45435.01	292848.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1376.19	8877.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1376.19	8877.57

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

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

FOR LINE NUMBER: PAGE 6 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 1656 Bob Murphy Dr

City State Zip Code
El Paso TX 79936-5206

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

Name of Employer Sergio Acuna Insurance Occupation Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21519

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lori J. Alalan

Mailing Address PO Box 2424

City State Zip Code
Hickory NC 28603-2424

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

Name of Employer Carolina first Assoc. Occupation Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21166

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Suzetta E. Alberts

Mailing Address 201W. Fort Street, Mail Code 7969

City State Zip Code
Detroit MI 48226

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

Name of Employer Comerica Insurance Services Occupation Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21155

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Sheryl Ryan Alexander
Mailing Address 12991 Duval Dr

City State Zip Code
Fishers IN 46037-8159

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

Name of Employer Occupation
Gregory & Appel Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009
Transaction ID: 8946
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Terry Allard
Mailing Address 11619 Brook Hill Ct

City State Zip Code
Anchorage AK 99516-1970

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

Name of Employer Occupation
The Wilson Agency, LLC Agent

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

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009
Transaction ID: 9049-P21302
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kirk Andonian
Mailing Address 4423 Point Fosdick Dr NW Ste 306

City State Zip Code
Gig Harbor WA 98335-1794

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

Name of Employer Occupation
Berg Andonian Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009
Transaction ID: 9049-P21113
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 139
	<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) Elizabeth Ashmore		Date of Receipt
	Mailing Address 6102 82nd St Ste 6		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lubbock	TX	79424-0803
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 9051-P21615
Name of Employer Ashmore & Associates Insurance Agency		Occupation agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	<input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Virginia T. Ashton-Vernon		Date of Receipt
	Mailing Address 3702 Alton Rd SW		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roanoke	VA	24014-3004
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 8969
Name of Employer Lewis-Gale Medical Center		Occupation Director of Provider Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Virginia T. Ashton-Vernon		Date of Receipt
	Mailing Address 3702 Alton Rd SW		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roanoke	VA	24014-3004
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 9051-P21695
Name of Employer Lewis-Gale Medical Center		Occupation Director of Provider Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	<input type="text" value="40.00"/>
			Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Jeffrey L. Bader

Mailing Address 2180 Mills Ave

City State Zip Code
Menlo Park CA 94025-6546

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

Name of Employer: Health & Life Associates Occupation: Manager, Broker Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21292
Amount of Each Receipt this Period: 40.00
Payroll Deduction: (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Diane L. Barton

Mailing Address 2732 Kerry Ln

City State Zip Code
Oklahoma City OK 73120-2810

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

Name of Employer: Blue Cross Blue Shield of OK Occupation: Account Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21584
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kathryn A. Beals

Mailing Address 5151 W River Rd

City State Zip Code
Waunakee WI 53597-9523

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

Name of Employer: Dean Health Plan Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21893
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Darrald T Bean

Mailing Address 3922 Rampart St

City State Zip Code
Boise ID 83704-4557

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

Name of Employer Occupation
Bean Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21488

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ann C. Bell

Mailing Address 2171 S Pebblecreek Ln

City State Zip Code
Boise ID 83706-6123

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

Name of Employer Occupation
self agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21571

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 4324 Keystone Ave

City State Zip Code
Culver City CA 90232-3437

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

Name of Employer Occupation
DCB Insurance Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 9016-P20998

Amount of Each Receipt this Period
1000.00

Payroll Deduction
(\$1000.00 Annually)

SUBTOTAL of Receipts This Page (optional) ► 1090.00

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

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

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FOR LINE NUMBER: PAGE 11 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Bruce D. Benton
Mailing Address 20161 Delita Dr
City Woodland Hills State CA Zip Code 91364-3521
FEC ID number of contributing federal political committee. **C**
Name of Employer Genesis SmithBenton Insurance & Finan Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 610.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21752
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David A Berman
Mailing Address 8805 Sawleaf Rd
City Indianapolis State IN Zip Code 46260-1534
FEC ID number of contributing federal political committee. **C**
Name of Employer Neace Lukens Holding Company, Inc. Occupation agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 445.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21894
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Thomas Besselman
Mailing Address 6421 Perkins Rd Bldg A # 2B
City Baton Rouge State LA Zip Code 70808-6200
FEC ID number of contributing federal political committee. **C**
Name of Employer Besselman & Little Agency Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21085
Amount of Each Receipt this Period 250.00
Payroll Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 420.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 139
	<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) C. Sue Bisbee	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 4211 Parsifal St NE	Transaction ID: 9051-P21914
	City State Zip Code Albuquerque NM 87111-3374	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Infinisource, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Robert J Bishop	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 2785 E Desert Inn Rd Ste 260	Transaction ID: 9049-P21112
	City State Zip Code Las Vegas NV 89121-3693	Amount of Each Receipt this Period 84.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$84.34 Monthly)
Name of Employer KIA Insurance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.38	

C.	Full Name (Last, First, Middle Initial) Bradford H. Blain	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 2205 Abbeywood Rd	Transaction ID: 9049-P21524
	City State Zip Code Lexington KY 40515-1157	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Al Torstrick Insurance Agency, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	144.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 139

(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)

Russ Blakely

Mailing Address PO Box 11310

City State Zip Code
Chattanooga TN 37401-2310

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

Name of Employer Occupation
Russ Blakely & Associates Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21044

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Andrea M. Block

Mailing Address 80 Challedon Dr

City State Zip Code
Candler NC 28715-9417

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

Name of Employer Occupation
Insurance Specialties, In-c. Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21753

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David M. Block

Mailing Address 80 Challedon Dr

City State Zip Code
Candler NC 28715-9417

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

Name of Employer Occupation
Insurance Specialties, In-c. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21754

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Michele B. Bloom
Mailing Address 2213A Walnut St
City Harrisburg State PA Zip Code 17103-2427
FEC ID number of contributing federal political committee. **C**
Name of Employer Emerson, Reid & Co Occupation Plan Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 337.94
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21895
Amount of Each Receipt this Period 30.42
Payroll Deduction (\$30.42 Monthly)

B. Full Name (Last, First, Middle Initial)
James C. Bosier
Mailing Address 6410 N Butler Rd
City Cedar Falls State IA Zip Code 50613-9317
FEC ID number of contributing federal political committee. **C**
Name of Employer Net Worth Advisors Occupation Account Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21296
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Lacy N. Boswell
Mailing Address 6089 Caladesi Ct
City Jacksonville State FL Zip Code 32258-1168
FEC ID number of contributing federal political committee. **C**
Name of Employer AvMed Health Plans Occupation Sales Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21297
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.42
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 8326 Richards Rd

City State Zip Code
Shawnee Mission KS 66215-2832

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

Name of Employer Occupation
Colonial Life Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21494

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 2000 14th St N

City State Zip Code
Arlington VA 22201-2500

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

Name of Employer Occupation
NAHU Staff Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21762

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Eleanor M. Brockhurst

Mailing Address 5812 N 12th St Unit 4

City State Zip Code
Phoenix AZ 85014-2020

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

Name of Employer Occupation
Brockhurst & Associates, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21295

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Andrea Brody
Mailing Address 6018 E Lowden Rd
City State Zip Code
Cave Creek AZ 85331-3004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United Healthcare Dental Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21761
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ronald S. Buffum
Mailing Address 3016 Rock Rose Pl
City State Zip Code
Round Rock TX 78665-3821
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Buffum Group Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21756
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jennifer Bundy-Cobb
Mailing Address 3000 A St Ste 400
City State Zip Code
Anchorage AK 99503-4040
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Wilson Agency, LLC Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21651
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 139

(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)

Patrick Burns

Mailing Address 5653 Maxwellton Rd

City State Zip Code
Oakland CA 94618-2654

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

Name of Employer Occupation
Burns Employee Benefits Insurance Ser Managing Member

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21507

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joseph W. Buyalos

Mailing Address 9051 Major Smith Ln

City State Zip Code
Frederick MD 21704-7831

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

Name of Employer Occupation
The Insurance Exchange, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21024

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City State Zip Code
Pontiac MI 48340-1367

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

Name of Employer Occupation
Great Lakes Benefit Group CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21470

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 139

(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)
Louie L. Cason

Mailing Address 2920 Gervais St

City State Zip Code
Columbia SC 29204-3345

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

Name of Employer Occupation
The Cason Group, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 505.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21671

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Lorelei G. Castellani

Mailing Address PO Box 2100

City State Zip Code
Branchville NJ 07826-2100

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

Name of Employer Occupation
Benefit Guidance Systems Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21509

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

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

Mailing Address 402 Rawley Rd

City State Zip Code
Americus GA 31719-2150

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

Name of Employer Occupation
Russ Childers, CLU President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 695.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21881

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 139
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Jonathan S. Clark

Mailing Address 545 E 4500 S Ste E250

City State Zip Code
Salt Lake City UT 84107-2955

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

Name of Employer Occupation
Western Benefit Planners Insurance Se Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21102

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David S. Cluley

Mailing Address 2220 Glen Echo Dr SE

City State Zip Code
Grand Rapids MI 49546-5521

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

Name of Employer Occupation
Hurley Medical Center Agent

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

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21484

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard P. Coburn

Mailing Address 19 Minor Ct

City State Zip Code
San Rafael CA 94903-3716

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

Name of Employer Occupation
The Word and Brown Companies Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21123

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 139

(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)

Dorothy M. Cociu

Mailing Address PO Box 1941

City State Zip Code
Big Bear Lake CA 92315-1941

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

Name of Employer
Advanced Benefit Consulting & Insuran

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21486

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William L Cole

Mailing Address 2809 Central St

City State Zip Code
Evanston IL 60201-1221

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

Name of Employer
Prairie Benefits Network, LLC

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 9016-P21011

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

C.

Full Name (Last, First, Middle Initial)

George Scott Condos

Mailing Address 8860 S Tenaya Way

City State Zip Code
Las Vegas NV 89113-5502

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

Name of Employer
Leavitt Insurance Agency

Occupation
Charter Senior Financial Plann

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21758

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 139
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
David Conrad

Mailing Address 1109 Tihary

City State Zip Code
Libertyville IL 60048-

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

Name of Employer Occupation
Prarie Benefits Network Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 8968

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Teresa Conto

Mailing Address 145 Polaris Dr

City State Zip Code
Walkersville MD 21793-9123

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

Name of Employer Occupation
Independent Benefit Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21590

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Troy J. Cook

Mailing Address 6600 Westown Pkwy # 250

City State Zip Code
West Des Moines IA 50266-7724

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

Name of Employer Occupation
Krist Insurance Services AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21566

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 3621 Eastman Dr

City State Zip Code
Oklahoma City OK 73112-1439

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Oden Roberts Rohrman Insurance Group Benefits Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21915

Amount of Each Receipt this Period 30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 2664 Hedwidge Dr

City State Zip Code
Traverse City MI 49684-8925

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Priority Health Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21025

Amount of Each Receipt this Period 30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 4642 Riveredge Dr

City State Zip Code
Duluth GA 30096-2987

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HIRE Benefits, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21050

Amount of Each Receipt this Period 85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 145.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 139
	<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	

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) Beverly Davis		Date of Receipt
	Mailing Address 1885 Trail Ridge Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 24 / 2009
	City	State	Zip Code
	Lewisville	TX	75077-2113
	FEC ID number of contributing federal political committee. C		Transaction ID: 9049-P21264
Name of Employer AETNA		Occupation Sales Rep.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Johnny Lee Dawkins		Date of Receipt
	Mailing Address PO Box 53809		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 24 / 2009
	City	State	Zip Code
	Fayetteville	NC	28305-3809
	FEC ID number of contributing federal political committee. C		Transaction ID: 9049-P21067
Name of Employer Ebenconcepts		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 695.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Teresa F DeBruin		Date of Receipt
	Mailing Address 5441 Edgerton Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 24 / 2009
	City	State	Zip Code
	Norcross	GA	30092-2185
	FEC ID number of contributing federal political committee. C		Transaction ID: 9049-P21500
Name of Employer DeBruin Benefit Services, Inc./ The L		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 310.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 145.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 24 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 11468 Parkersburg Ave

City State Zip Code
Las Vegas NV 89138-6090

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

Name of Employer Business Benefits, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 9049-P21501

Amount of Each Receipt this Period
31.00

Payroll Deduction
(\$31.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Scott A Delisi

Mailing Address 920 Starview Ln

City State Zip Code
Lincoln NE 68512-1150

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

Name of Employer Ameritas Life Insurance Group Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 9051-P21736

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jill Walker Denton

Mailing Address 3500 Westgate Dr

City State Zip Code
Durham NC 27707-2567

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

Name of Employer Aflac Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: 8970

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **301.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Stephanie Denz</p> <p>Mailing Address 1808 Hickory Trace Dr</p> <p>City State Zip Code Orange Park FL 32003-8387</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Gallagher Benefit Services, Inc. Occupation: Senior Benefit Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21737</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Michelle A. DeWitt Douglas</p> <p>Mailing Address 4100 Goodlette Rd N</p> <p>City State Zip Code Naples FL 34103-3373</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Gulfshore Insurance, Inc. Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 330.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21173</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Jennifer Dierck</p> <p>Mailing Address 2323 Easthills Dr Unit 47</p> <p>City State Zip Code Bakersfield CA 93306-3165</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kern AHU Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21466</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 139

(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 Dr

City State Zip Code
Rockville MD 20850-4311

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

Name of Employer Occupation
Early Cassidy and Schilling VP of Employee Benefits

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1640.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21142

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Steve H. Dodder

Mailing Address PO Box 2069

City State Zip Code
Monument CO 80132-2069

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

Name of Employer Occupation
Assurant Health Regional Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 445.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21638

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Theresa M. Dodds

Mailing Address 4748 Winged Foot Way

City State Zip Code
Columbus GA 31909-8009

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

Name of Employer Occupation
Dodds & Comany Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21503

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 139
(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)
Claudia S. Dodge

Mailing Address 606 Wexwood Ct

City Richmond State VA Zip Code 23236-4138

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

Name of Employer BB&T Benefit Consultants of Virginia Occupation Sales Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21504

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Cynthia H. Doucet

Mailing Address 206 Bon Mange Cir

City Lafayette State LA Zip Code 70506-3748

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

Name of Employer Global Financial Resources, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21738

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Betty R. Doyle

Mailing Address 3304 Cedar Valley Rd

City Moore State OK Zip Code 73170-7929

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

Name of Employer Doyle Insurance Source Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21860

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 706 N 19th St

City State Zip Code
Coeur D Alene ID 83814-5549

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

Name of Employer Schedler Mack Insurance, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21861
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Tonya D. Draughon

Mailing Address 19252 SW 3rd Ct

City State Zip Code
Pembroke Pines FL 33029-5416

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

Name of Employer Renaissance Family of Companies Occupation Market Development Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21065
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Keith M. Duhon

Mailing Address 208 Essex St

City State Zip Code
Lafayette LA 70506-6133

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

Name of Employer The Family Insurance Center, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21873
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 139
	<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) Eugene Ebersole	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 201 Evans Rd Bldg 3 Ste 103A	Transaction ID: 9049-P21041
	City State Zip Code Harahan LA 70123-5230	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)
Name of Employer Ebersole & Associates, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.00	

B.	Full Name (Last, First, Middle Initial) Michael A. Embry	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 26240 Wacker Dr	Transaction ID: 9049-P21446
	City State Zip Code New Baltimore MI 48051-3306	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Comerica Insurance Services, Inc.	Occupation VP - Group Benefits Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 795.00	

C.	Full Name (Last, First, Middle Initial) Linda M. Erlenbach	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 151 Belcourt Ln	Transaction ID: 9051-P21876
	City State Zip Code Aurora OH 44202-8438	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
Name of Employer L.M. Erlenbach, Inc.	Occupation Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	305.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
John G. Fagen
Mailing Address PO Box 19
City State Zip Code
Demotte IN 46310-0019
FEC ID number of contributing federal political committee. **C**
Name of Employer Financial Arts Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21204
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Nicole Fairbairn
Mailing Address 2113 Dakota Dr
City State Zip Code
Noblesville IN 46062-9075
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Insurance Concepts, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21506
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jennifer Liane Farrell
Mailing Address 6958 W Juniper Ave
City State Zip Code
Peoria AZ 85382-3999
FEC ID number of contributing federal political committee. **C**
Name of Employer Black, Gould & Associates Occupation Sr. Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21267
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 139
(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)
Catherine L. Ficara

Mailing Address 26999 Central Park Blvd

City State Zip Code
Southfield MI 48076-4174

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

Name of Employer Health Care Administrators Occupation agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21920

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Cynthia A Fichtner

Mailing Address 10030 Gierson Ave

City State Zip Code
Chatsworth CA 91311-2752

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

Name of Employer ICF Insurance Marketing Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2009

Transaction ID: 8966

Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Dennis G. Fletcher

Mailing Address 2510 N Pines Rd Ste 205

City State Zip Code
Spokane WA 99206-7636

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

Name of Employer The Fletcher Financial Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21183

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **222.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 12038 Sundial St NE

City State Zip Code
Albuquerque NM 87122-4329

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21071

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City State Zip Code
Albuquerque NM 87120

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

Name of Employer Occupation
Lovelace Health Plan Mgr., Sales/Retention Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: 9016-P21002

Amount of Each Receipt this Period
500.00

Payroll Deduction
(\$500.00 Annually)

C. Full Name (Last, First, Middle Initial)
Brenda N. Franklin

Mailing Address 7915 N Hale Ave Ste D

City State Zip Code
Peoria IL 61615-2088

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

Name of Employer Occupation
OSF HealthPlans Group Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21648

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **560.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 139
	<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 M Frazer	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 1751 Wyngate Cir	Transaction ID: 9049-P21424
	City State Zip Code Mount Pleasant SC 29466-8016	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer SeniorCareUSA,LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Linda K. Friedrich	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 3011 Crown Pointe Rd	Transaction ID: 9051-P21871
	City State Zip Code Lincoln NE 68506-5168	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
Name of Employer UNICO Financial Services, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Jonathan Frisch	Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 1528 Wyndham Cv	Transaction ID: 9016-P21005
	City State Zip Code Memphis TN 38120-1426	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Annually)
Name of Employer Zalowitz Frisch Benefits Group	Occupation 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)	▶	180.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City State Zip Code
Wichita Falls TX 76301-3317

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

Name of Employer Financial Partners Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21572
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Joan A. Fusco

Mailing Address 595 Wood Ave

City State Zip Code
North Brunswick NJ 08902-2543

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

Name of Employer Savoy Associates Occupation Director, Research & Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21890
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John Robert Gaglione

Mailing Address 905 Prairie St

City State Zip Code
Aurora IL 60506-5419

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

Name of Employer BenefitMall Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.05

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21480
Amount of Each Receipt this Period: 30.41
Payroll Deduction: (\$30.41 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 139
(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)
James S. Garbina

Mailing Address 16510 Summit Dr

City State Zip Code
Omaha NE 68136-4038

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

Name of Employer Harry A. Koch Co. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21905

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Joy K. Gardner

Mailing Address 10605 Sterling Ridge Way

City State Zip Code
Reno NV 89521-5199

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21906

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
G. Russell Garner

Mailing Address 1308 Murraywood Dr

City State Zip Code
Columbia SC 29212-1159

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

Name of Employer Self Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21269

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Charles T. Gartlan

Mailing Address 19 Tarworth Ter

City State Zip Code
Manchester NJ 08759-6671

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

Name of Employer Occupation
Emerson, Reid & Co. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21270

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John Philip Garven

Mailing Address 11865 Blue Bayou Dr

City State Zip Code
Huntley IL 60142-6764

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

Name of Employer Occupation
Benico, LTD Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21271

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 8 Hanks Lane

City State Zip Code
Brenster NY 10509

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

Name of Employer Occupation
Michaels & Associates EVP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21198

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Ronald L. Gay

Mailing Address 3000 Briarcrest Dr Ste 422

City State Zip Code
Bryan TX 77802-3000

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

Name of Employer Scott & White Health Plan Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21603
Amount of Each Receipt this Period: 84.00
Payroll Deduction: (\$84.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Charles J. Giardina

Mailing Address 41 Seven Oaks Rd

City State Zip Code
Marrero LA 70072-5059

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

Name of Employer MetLife Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21865
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
James David Gibson

Mailing Address 93 Hollenbeck Rd

City State Zip Code
Irmo SC 29063-8076

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

Name of Employer Gibson & Associates, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21106
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 199.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 139
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Michael Gibson

Mailing Address 308 Beulah Ln

City State Zip Code
Irmo SC 29063-9573

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

Name of Employer Occupation
Gibson & Associates Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21450

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Richard R Girdler

Mailing Address 400 Sims Ln

City State Zip Code
Franklin TN 37069-1890

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

Name of Employer Occupation
Cowan Benefit Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21481

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Willis H. Glaros

Mailing Address 9772 Rosewood Dr

City State Zip Code
Saint John IN 46373-9035

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

Name of Employer Occupation
Employer Benefit Systems Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21144

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **295.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 139
(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)
Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City State Zip Code
Ridgefield Park NJ 07660-1516

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

Name of Employer: The Employee Benefits Advisors Group
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21273

Amount of Each Receipt this Period: 60.00

Payroll Deduction: (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Carolyn L. Goodwin

Mailing Address 4959 Mill Run Rd

City State Zip Code
Dallas TX 75244-6530

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

Name of Employer: Goodwin Benefits Group, LLC
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21426

Amount of Each Receipt this Period: 30.00

Payroll Deduction: (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Arnolds Andra Grava

Mailing Address 1008 Ashby Dr

City State Zip Code
Allen TX 75002-4790

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

Name of Employer: Union Central-Dallas Agency
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 07 / 21 / 2009
Transaction ID: 9016-P21008

Amount of Each Receipt this Period: 365.00

Payroll Deduction: (\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional) ► 455.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City Lincoln State NE Zip Code 68506-7519

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

Name of Employer The Harry A. Koch Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21880

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Patricia A Griffey

Mailing Address 56294 Primrose Cir

City Elkhart State IN Zip Code 46516-1509

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

Name of Employer Page 1 Benefits, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21272

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Robert A Grundman

Mailing Address 7412 Karl Dr

City Lincoln State NE Zip Code 68516-4368

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

Name of Employer Senior Benefit Strategies Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21849

Amount of Each Receipt this Period 65.00

Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Craig Gussin
Mailing Address 843 Summersong Ct
City Encinitas State CA Zip Code 92024-5447
FEC ID number of contributing federal political committee. **C**
Name of Employer Auerbach & Gussin Insurance and Finance and Finan Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21178
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Antonio Gutierrez
Mailing Address 12833 Riverdance Dr
City Raleigh State NC Zip Code 27613-7093
FEC ID number of contributing federal political committee. **C**
Name of Employer Integrated Benefit Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21457
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Teresa Gutierrez
Mailing Address 12833 Riverdance Dr
City Raleigh State NC Zip Code 27613-7093
FEC ID number of contributing federal political committee. **C**
Name of Employer IBS/White Bear Group Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21459
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 42 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Anthony W. Halby
Mailing Address 202 Providence Mine Rd Ste 107
City Nevada City State CA Zip Code 95959-2945
FEC ID number of contributing federal political committee. **C**
Name of Employer Halby Insurance Agency Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21140
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dwight A. Hall
Mailing Address 6107 Hazelwood Ave
City Indianapolis State IN Zip Code 46228-1316
FEC ID number of contributing federal political committee. **C**
Name of Employer Midwest Insurance Market-ers of America Occupation Regional Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21276
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Christopher S. Harrison
Mailing Address 415 Thorncliff Dr
City Fayetteville State NC Zip Code 28303-5221
FEC ID number of contributing federal political committee. **C**
Name of Employer Ebenconcepts Company Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2995.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21278
Amount of Each Receipt this Period 410.00
Payroll Deduction (\$410.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Gerald G Hartman

Mailing Address 3822 Gemini Cir

City State Zip Code
Boise ID 83709-4834

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

Name of Employer Insurance Network America Inc Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21281
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

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

Mailing Address PO Box 14725

City State Zip Code
Portland OR 97293-0725

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

Name of Employer Healthwise Insurance Planning Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21129
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21654
Amount of Each Receipt this Period: 100.00
Payroll Deduction: (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Jon Hicks</p> <p>Mailing Address 3620 Mountainside Dr</p> <p>City State Zip Code <u>Colorado Springs</u> CO 80918-5528</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hicks Benefit Group Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21285</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Porter W. Hicks</p> <p>Mailing Address 352 Ridge Top Rd</p> <p>City State Zip Code <u>Fleetwood</u> NC 28626-9281</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hicks, Kohler & Associates Partner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21046</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Donna D. Hill</p> <p>Mailing Address 3657 Starwood Trl SW</p> <p>City State Zip Code <u>Lilburn</u> GA 30047-2421</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation DDH Insurance Consultants, LLC President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 765.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21287</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	145.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 45 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Richard L Hill
Mailing Address 4435 O St
City Lincoln State NE Zip Code 68510-1842
FEC ID number of contributing federal political committee. **C**
Name of Employer UNICO Financial Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 645.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21611
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James H Hissong
Mailing Address 8401 Widmer Rd
City Lenexa State KS Zip Code 66215-5416
FEC ID number of contributing federal political committee. **C**
Name of Employer Jim Hissong Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21735
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Patrick Lynn Hoefener
Mailing Address 3041 S 41st St
City Lincoln State NE Zip Code 68506-6214
FEC ID number of contributing federal political committee. **C**
Name of Employer American Community Mutual Insurance C Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 31 / 2009
Transaction ID: 9053
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 615.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 46 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City State Zip Code
Brookfield WI 53045-4558

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

Name of Employer: National CooperativeRx Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21468
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 1233 Lincoln Mall Ste 100

City State Zip Code
Lincoln NE 68508-2876

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

Name of Employer: BlueCross BlueShield of Nebraska Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21626
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Sheri S Hokin

Mailing Address 3330 Dundee Rd Ste C3

City State Zip Code
Northbrook IL 60062-2328

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

Name of Employer: Hokin Sternberg Insurance Services Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21109
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Matthew B. Holcomb</p> <p>Mailing Address 712 Hill St SE</p> <p>City State Zip Code Atlanta GA 30315-1312</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Holcomb Insurance Services Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21469</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Robert V. Holland</p> <p>Mailing Address PO Box 698</p> <p>City State Zip Code Centralia WA 98531-0698</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Centralia General Agencies Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21619</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Stephen Honig</p> <p>Mailing Address 18 Cottonwood Dr</p> <p>City State Zip Code Princeton Junction NJ 08550-3253</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: OCA Benefit Services Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt 07 / 21 / 2009</p> <p>Transaction ID: 9016-P21012</p> <p>Amount of Each Receipt this Period 365.00</p> <p>Payroll Deduction (\$365.00 Annually)</p>
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SUBTOTAL of Receipts This Page (optional)	425.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 48 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Gloria Denise Hopper

Mailing Address 613 Sunnybrook Dr

City State Zip Code
Monroe NC 28110-2770

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

Name of Employer: First Citizens Insurance Services
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21852
 Amount of Each Receipt this Period: 40.00
 Payroll Deduction: (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
A. Watts Huckabee

Mailing Address 611 Forest Ln

City State Zip Code
Rock Hill SC 29730-3720

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

Name of Employer: Carolina's Insurance Group
Occupation: AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21289
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Lisa L. Iils

Mailing Address 2401 E Mercer Ln

City State Zip Code
Phoenix AZ 85028-2527

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

Name of Employer: Vista Benefit Strategies
Occupation: Employee Benefit Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21179
 Amount of Each Receipt this Period: 35.00
 Payroll Deduction: (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 139

(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)

Leah-Anne Janway

Mailing Address 2225 SW 96th St

City State Zip Code
Oklahoma City OK 73159-6861

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

Name of Employer Occupation
Berryhill Insurance Agency, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21867

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City State Zip Code
Marion MA 02738-1294

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

Name of Employer Occupation
Sylvia & Co. Ins. Agency, Inc. Vice President, Employee Benef

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21301

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

R. Allan Jensen

Mailing Address 6060 S Kenton Way

City State Zip Code
Englewood CO 80111-5728

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

Name of Employer Occupation
self Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21759

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
David S Johnson

Mailing Address 1482 Baron Ct

City State Zip Code
Stone Mountain GA 30087-3037

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

Name of Employer Occupation
David S. Johnson Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21435

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert D. Johnson

Mailing Address 2684 Heywood Ln

City State Zip Code
Hayes VA 23072-4428

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

Name of Employer Occupation
Corporate Insurance Concepts, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21063

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 15707 Deer Crst

City State Zip Code
San Antonio TX 78248-1327

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

Name of Employer Occupation
Hairston, Johnson & Associates, PLLC Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21453

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Suzanne K. Johnson

Mailing Address 6235 Morrison Blvd Ste 302

City State Zip Code
Charlotte NC 28211-3508

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

Name of Employer Strategic Employee Benefit Services
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21652

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Brent G. Jones

Mailing Address 932 Sonoma Way

City State Zip Code
Sacramento CA 95819-3422

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

Name of Employer Integrity Administrators, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21081

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Cynthia M. Jones

Mailing Address 24223 English Rose Pl

City State Zip Code
Valencia CA 91354-4921

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

Name of Employer Warner Pacific Insurance Services
Occupation Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21175

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 139

(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)
Ken Jones

Mailing Address 13500 Shaker Blvd Apt 502

City State Zip Code
Cleveland OH 44120-1572

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

Name of Employer Occupation
Custom Brokers Insurance agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21246

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

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

Mailing Address 8220 Commonwealth Dr Ste 204

City State Zip Code
Eden Prairie MN 55344-5387

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

Name of Employer Occupation
Alliance Benefit Group Vice President, Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 530.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21275

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Ric Joyner

Mailing Address 2740 Ski Ln

City State Zip Code
Madison WI 53713-3267

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

Name of Employer Occupation
eflexgroup.com President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2009

Transaction ID: 9016-P20990

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 139

(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)

Lawrence Kaczmarek

Mailing Address 6711 Berry Rd

City State Zip Code
Ravenna OH 44266-9161

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

Name of Employer
Kaczmarek Ins. Services
Agency, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21863

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

T. Darlene Kaczmarek

Mailing Address 6711 Berry Rd

City State Zip Code
Ravenna OH 44266-9161

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

Name of Employer
Kaczmarek Ins. Services
Agency, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21864

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Alan S Katz

Mailing Address 8033 W Sunset Blvd # 982

City State Zip Code
Los Angeles CA 90046-2401

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

Name of Employer
Insurance Neighborhood

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2009

Transaction ID: 9044

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Jonathan E. Katz
Mailing Address 1404 Northpoint Glen Ct
City Herndon State VA Zip Code 20170-2707
FEC ID number of contributing federal political committee. **C**
Name of Employer Virginia Medical Plans Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21037
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
George R Keeling
Mailing Address 1875 N Highway 385
City Levelland State TX Zip Code 79336-9493
FEC ID number of contributing federal political committee. **C**
Name of Employer George R. Keeling Insurance Agency Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 795.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21857
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jean Marie Kelly
Mailing Address 5435 70th Way N
City Saint Petersburg State FL Zip Code 33709-1305
FEC ID number of contributing federal political committee. **C**
Name of Employer BB&T Iler Wall & Shorner Insurance Se Occupation Benefit Account Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21249
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 55 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Kimberly Dawn Kendall
Mailing Address 8 Shady Ln
City Candler State NC Zip Code 28715-9445
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealthcare Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21721
Amount of Each Receipt this Period 10.00
Payroll Deduction (\$10.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Karon Kennedy
Mailing Address 17 Iverson Way
City Petaluma State CA Zip Code 94952-7530
FEC ID number of contributing federal political committee. **C**
Name of Employer Sales Group Plans Occupation Sales Group Plans
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 20 / 2009
Transaction ID: 9077
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Tamara P Kennedy
Mailing Address 9414 E Sera Brisa
City Scottsdale State AZ Zip Code 85255-6054
FEC ID number of contributing federal political committee. **C**
Name of Employer Rogers Benefit Group, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 555.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21101
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1095.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 139
(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)
Carolyn J. King

Mailing Address 6 Country Ln

City State Zip Code
Sussex NJ 07461-4630

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

Name of Employer Occupation
New England Financial Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21423

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City State Zip Code
Yakima WA 98908-2382

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

Name of Employer Occupation
Conover Insurance, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 695.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21250

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Rhonda R. Kitter

Mailing Address 300 Bonnie Jean Ct

City State Zip Code
Anchorage AK 99515-3343

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

Name of Employer Occupation
NEA Alaska Health Plan Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21410

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **145.00**

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

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

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

FOR LINE NUMBER: PAGE 57 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Lonnie Klene
Mailing Address 926 W 22nd St
City Houston State TX Zip Code 77008-1802
FEC ID number of contributing federal political committee. **C**
Name of Employer Core Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21412
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Karen Knippen Loeb
Mailing Address 234 Spring Lake Dr
City Itasca State IL Zip Code 60143-3202
FEC ID number of contributing federal political committee. **C**
Name of Employer Euclid Managers, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 07 / 21 / 2009
Transaction ID: 9016-P20995
Amount of Each Receipt this Period 365.00
Payroll Deduction (\$365.00 Annually)

C. Full Name (Last, First, Middle Initial)
Linda Rose Koehler
Mailing Address 516 Shelley St
City Livermore State CA Zip Code 94550-2368
FEC ID number of contributing federal political committee. **C**
Name of Employer Herzog Insurance Agency Occupation Health Insurance Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21841
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 480.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 58 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Ross W. Kraft
Mailing Address 21 Jordan Rd
City New Hartford State NY Zip Code 13413-2311
FEC ID number of contributing federal political committee. **C**
Name of Employer Meridian Group of New York, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 212.94
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21252
Amount of Each Receipt this Period 30.42
Payroll Deduction (\$30.42 Monthly)

B. Full Name (Last, First, Middle Initial)
Mary B. Kramer
Mailing Address 2120 Nelsons Creek Dr
City Omaha State NE Zip Code 68116-5135
FEC ID number of contributing federal political committee. **C**
Name of Employer Holmes Murphy and Associates, Inc. Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21723
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Daniel C LaBroad
Mailing Address 710 Farmers Market Way
City Dallas State TX Zip Code 75201-8451
FEC ID number of contributing federal political committee. **C**
Name of Employer Ovation Health & Life Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 515.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21397
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.42
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Julian E. Lago

Mailing Address 8104 Bautista Way

City State Zip Code
Palm Beach Gardens FL 33418-8178

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

Name of Employer Occupation
Plastridge Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21417

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

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

Mailing Address 425 2nd St SE Ste 1150

City State Zip Code
Cedar Rapids IA 52401-1818

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

Name of Employer Occupation
Benefit Solutions, Inc. 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
07 / 24 / 2009

Transaction ID: 9049-P21072

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Andrew M. LaRocco

Mailing Address 16 Dartmouth Ave

City State Zip Code
Avondale Estates GA 30002-1410

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

Name of Employer Occupation
The LaRocco Companies President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21443

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 295.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 139
(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)
James A. Lawless

Mailing Address 435 Kingswood

City Lexington State KY Zip Code 40502-1000

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

Name of Employer Lawless Insurance Agency Occupation Owner/Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21254

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Amy L. Layman

Mailing Address 2232 Page Rd

City Durham State NC Zip Code 27703-8921

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

Name of Employer Fort Dearborn Life Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21629

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C.

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

Mailing Address 12988 W Paint Dr

City Boise State ID Zip Code 83713-1947

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

Name of Employer Scott Leavitt Insurance & Financial S Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 695.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21829

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 6701 Upper Afton Rd

City State Zip Code
Saint Paul MN 55125-2154

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

Name of Employer LeClair Insurance Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 9016-P20991

Amount of Each Receipt this Period
1000.00

Payroll Deduction
(\$1000.00 Annually)

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

Mailing Address 8 Shakespeare Rd

City State Zip Code
Hackettstown NJ 07840-4707

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

Name of Employer Leonard Financial Group, LLC Occupation Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 9049-P21515

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles N. Lineberger

Mailing Address 2927 Berwick Ln

City State Zip Code
Gastonia NC 28054-6055

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

Name of Employer Benefit Partners, Inc. Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 9051-P21724

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 62 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 6901 Ravine Cir

City State Zip Code
Worthington OH 43085-2886

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

Name of Employer InsuranceLink Agency, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21307
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 2851 W Princeton Ave

City State Zip Code
Eau Claire WI 54703-1343

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

Name of Employer Johnson Insurance Services Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21389
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Sandra K. Longacre

Mailing Address 6030 Norfolk Dr

City State Zip Code
Garland TX 75044-4408

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

Name of Employer Longacre Benefits Group Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 07 / 21 / 2009
Transaction ID: 9016-P20989
Amount of Each Receipt this Period: 365.00
Payroll Deduction (\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional) ► 480.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 139

(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)
Douglas Lubenow

Mailing Address 3 Fulton Dr

City State Zip Code
Mount Laurel NJ 08054-4510

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

Name of Employer Occupation
Lubenow Agency Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21656

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Susan Tullis Luvisi

Mailing Address 2185 Avian Pl

City State Zip Code
Jacksonville FL 32224-3011

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

Name of Employer Occupation
James F. Tullis & Associates, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21257

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City State Zip Code
New York NY 10017-8103

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

Name of Employer Occupation
The Medical Link, Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 935.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21171

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Thomas G. Magnus

Mailing Address PO Box 999

City State Zip Code
El Granada CA 94018-0999

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

Name of Employer Occupation
Anthem Blue Cross Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21061
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Richard S. Manin

Mailing Address 33 Manchester St

City State Zip Code
Galloway NJ 08205-3678

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

Name of Employer Occupation
Richard S. Manin Insurance Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21309
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 6 Rasada Dr

City State Zip Code
Weaverville NC 28787-9306

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

Name of Employer Occupation
Ebenconcepts Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21725
Amount of Each Receipt this Period: 40.00
Payroll Deduction: (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 139
	<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) Matthew L. Masone		Date of Receipt
	Mailing Address 367 Sheffield Rd		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Severna Park	MD	21146-1647
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lincoln Financial Group		Occupation Agent	Transaction ID: 9049-P21387
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="775.00"/>	Amount of Each Receipt this Period <input type="text" value="45.00"/>
			Payroll Deduction (\$45.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Donald L. Mathern		Date of Receipt
	Mailing Address 7650 Cherrywood Dr		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Boise	ID	83704-3541
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Insurance Specialists		Occupation Agent	Transaction ID: 9049-P21051
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Carol Matznick		Date of Receipt
	Mailing Address 3207 Cottingham Ct		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Greensboro	NC	27410-8362
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer North Carolina AHU		Occupation Executive Director	Transaction ID: 9051-P21836
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="335.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 139

(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)

Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City State Zip Code
Greensboro NC 27410-8362

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

Name of Employer Occupation
EbenConcepts Company Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 695.00

Date of Receipt

MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21402

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tom W Mayer

Mailing Address 2720 Aldrich Ave S

City State Zip Code
Minneapolis MN 55408-1316

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

Name of Employer Occupation
Direct Benefits, Inc. Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21404

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John R. McConnaughey

Mailing Address 6312 Anthony Dr

City State Zip Code
Liberty Twp OH 45011-1303

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

Name of Employer Occupation
JRM & Associates Agency, Inc Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 335.00

Date of Receipt

MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21422

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 139

(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)
H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City State Zip Code
South Jordan UT 84095-2229

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

Name of Employer Occupation
McDermott Company & Associates Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 9049-P21258

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City State Zip Code
Lincoln NE 68507-1234

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

Name of Employer Occupation
Les McGerr & Company President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 9049-P21147

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City State Zip Code
Tulsa OK 74137-5534

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

Name of Employer Occupation
BenEx Insurance Agency Vice President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1055.00

Date of Receipt

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

Transaction ID: 9003

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ▶

160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 139
	<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) Susan Marie McGinnis		Date of Receipt
	Mailing Address 9905 S Maplewood Ave		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tulsa	OK	74137-5534
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BenEx Insurance Agency		Occupation Vice President	Transaction ID: 9051-P21813
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1085.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Daniel W. McMahon		Date of Receipt
	Mailing Address 123 E 2nd Ave		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Spokane	WA	99202-1525
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Western States Jones & Mitchell		Occupation Benefits Manager	Transaction ID: 9049-P21060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Eloise Meardith		Date of Receipt
	Mailing Address 2347 Sumac Dr		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Augusta	GA	30906-5503
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Insurance Services (H.I.S.) by		Occupation agent	Transaction ID: 9049-P21415
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 69 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Monte A. Merken
Mailing Address 24577 Indian Hill Ln
City State Zip Code
West Hills CA 91307-3829
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Merken INS.& Invstmnts/ Li- ncoln Fin. S Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009
Transaction ID: 9051-P21727
Amount of Each Receipt this Period
30.00
Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Nancy E. Mesko
Mailing Address 6110 E Longview Dr
City State Zip Code
East Lansing MI 48823-9738
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Brogan, Reed, VanGorder & Associates Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2009
Transaction ID: 8940
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Travis S. Middleton
Mailing Address 20610 Castle Bend Dr
City State Zip Code
Katy TX 77450-4909
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
TradeMark Insurance Agency LLC President
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 825.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009
Transaction ID: 9049-P21393
Amount of Each Receipt this Period
100.00
Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 630.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 70 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Bradley V. Miles

Mailing Address 11417 E 44th Ave

City State Zip Code
Spokane Valley WA 99206-9403

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

Name of Employer Occupation
Brad Miles Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21394

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jeffrey R. Miles

Mailing Address 736 Amoroso PI

City State Zip Code
Venice CA 90291-3802

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

Name of Employer Occupation
The Miles Organization, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1290.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21395

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dennis F. Mobley

Mailing Address 459 Pimlico PI

City State Zip Code
Jackson MS 39211-4030

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

Name of Employer Occupation
Mobley Insurance Agency, LLC Office Manager

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

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21728

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Sandra V Mobley</p> <p>Mailing Address 5454 I 55 N Ste B</p> <p>City State Zip Code Jackson MS 39211-4027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sandra Mobley Agency LLC Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21576</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Stephanie Monette</p> <p>Mailing Address 1510 Meadow Wood Ln</p> <p>City State Zip Code Reno NV 89502-8503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Saint Mary's Health Plans Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21649</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) David R. Moore</p> <p>Mailing Address 605 Truitt Dr</p> <p>City State Zip Code Elon NC 27244-9262</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation David R. Moore, CLU & Associates Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 595.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21837</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	165.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Douglas F. Moore

Mailing Address 2651 Black Oak Ct

City State Zip Code
Wexford PA 15090-7566

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

Name of Employer Occupation
Seubert & Associates, Inc. Principal & Director, Benefits Divisi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21405

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Wesley P. Moore

Mailing Address PO Box 604

City State Zip Code
Darlington SC 29540-0604

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

Name of Employer Occupation
W P Moore Agency Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21643

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Carolynne E. Muldoon

Mailing Address 5553 Baca Cir

City State Zip Code
Boulder CO 80301-3520

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

Name of Employer Occupation
Colorado Employee Benefit Group, LLC Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21379

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 139

(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)
Leslie M. Muller

Mailing Address 9014 Maple Grove Dr

City State Zip Code
Summerville SC 29485-8865

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

Name of Employer Occupation
UnitedHealth Group / Ovations AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21563

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Glen W. Mulready

Mailing Address 2708 W 66th Pl

City State Zip Code
Tulsa OK 74132-1301

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

Name of Employer Occupation
Benefit Plan Strategies Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21094

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City State Zip Code
Upland CA 91786-4793

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

Name of Employer Occupation
Ray Musser & Assoc. Insurance Services Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21200

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Joshua D. Nace</p> <p>Mailing Address 936 N 34th St Ste 208</p> <p>City State Zip Code Seattle WA 98103-8869</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dental Health Services, Inc.</p> <p>Occupation Vice President Sales & Service</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21688</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Katrina A. Nash</p> <p>Mailing Address 6812 Rivergate Ln</p> <p>City State Zip Code Oklahoma City OK 73132-3905</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Gallagher Benefit Services, Inc</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21848</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Joseph P Navarro</p> <p>Mailing Address 4044 Cliffrose Ave</p> <p>City State Zip Code Moorpark CA 93021-2907</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Boomer Break LLC & An Agents Agent</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt 07 / 21 / 2009</p> <p>Transaction ID: 9016-P20999</p> <p>Amount of Each Receipt this Period 365.00</p> <p>Payroll Deduction (\$365.00 Annually)</p>
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SUBTOTAL of Receipts This Page (optional)	425.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 139

(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)
B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City State Zip Code
Baton Rouge LA 70806-5131

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Nolan Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21845

Amount of Each Receipt this Period 30.00

Payroll Deduction
(\$30.00 Monthly)

B.

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

Mailing Address PO Box 2052

City State Zip Code
Franklin NC 28744-2052

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Wayah Agency, Inc. Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21733

Amount of Each Receipt this Period 30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Pamela Nygaard

Mailing Address 1014 4th St W

City State Zip Code
Kirkland WA 98033-5337

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Spectera Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21734

Amount of Each Receipt this Period 30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Lora A. Oldham
 Mailing Address 20039 E Brightway Dr
 City Mokena State IL Zip Code 60448-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aetna Occupation Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21382
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Tiffany A. Otis-Albert
 Mailing Address 18920 Stonewater Blvd
 City Northville State MI Zip Code 48168-8560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cofinity (formerly PPOM) Occupation Vice President Corporate Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21225
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John C. Parker
 Mailing Address 47 Laurel Hill Dr
 City Niantic State CT Zip Code 06357-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parker Agency Occupation Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 755.00
 Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21816
 Amount of Each Receipt this Period 90.00
 Payroll Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 139
	<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) Jesse A. Patton	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 701 Grand Ave	Transaction ID: 9049-P21226
	City State Zip Code West Des Moines IA 50265-3625	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$350.00 Monthly)
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 ▼ 2850.00	

B.	Full Name (Last, First, Middle Initial) Lee Patton	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 3105 True Pkwy, Apt 608	Transaction ID: 9051-P21706
	City State Zip Code West Des Moines IA 50265	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Associations Marketing Group, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Thomas H. Peacock	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address PO Box 61200	Transaction ID: 9049-P21119
	City State Zip Code Columbia SC 29260-1200	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Palmetto Insurance Group LLC	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)	410.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 139
(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

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)
Alyce Pendell

Mailing Address 3030 SE 12th St Unit 1077

City State Zip Code
Renton WA 98058-3887

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

Name of Employer Occupation
Sprague Israel Giles, Inc. Employee Benefits

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21368

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Kenneth G. Penn

Mailing Address 218 North St

City State Zip Code
Portsmouth VA 23704-2602

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

Name of Employer Occupation
ChamberSolutions Executive Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21227

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

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

Mailing Address 4640 Woodbridge Dr

City State Zip Code
Kernersville NC 27284-8850

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

Name of Employer Occupation
Pennington Associates President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21165

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 139
(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

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)
Kishan Perera

Mailing Address 104 Stanwood Ln

City Manlius State NY Zip Code 13104-1412

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

Name of Employer Benefit Design Services Corp. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 21 / 2009

Transaction ID: 9016-P21003

Amount of Each Receipt this Period 365.00

Payroll Deduction (\$365.00 Annually)

B. Full Name (Last, First, Middle Initial)
David R. Perry

Mailing Address 2003 Charvais Dr

City Lake Charles State LA Zip Code 70601-5605

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

Name of Employer The Perry Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21384

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jackie Audrey Peterson

Mailing Address 816 Calle Myriam

City Sparks State NV Zip Code 89436-0663

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

Name of Employer self Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21831

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 455.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 139
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Joe Phiifer

Mailing Address 2323 N Houston St

City State Zip Code
Dallas TX 75219-7622

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

Name of Employer Assurant Employee Benefits
Occupation Sr. Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21708

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Paul Pietro

Mailing Address 37 Mechanic St

City State Zip Code
Worcester MA 01608-2402

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

Name of Employer Mid-State Insurance Agency, Inc.
Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2009

Transaction ID: 9026

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Randall K. Pifer

Mailing Address 940 Colorado Ave

City State Zip Code
Grand Junction CO 81501-3519

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

Name of Employer Employee Benefits Consulting
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 9016-P20993

Amount of Each Receipt this Period
365.00

Payroll Deduction
(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional) ► **645.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 139
(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
							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. Pittman

Mailing Address 7430 Vinton St

City State Zip Code
Omaha NE 68124-3452

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

Name of Employer
Creative Association Management

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9049-P21385

Amount of Each Receipt this Period
35.00

Payroll Deduction
(\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Susan R. Pittman

Mailing Address 32418 51st Ave SW

City State Zip Code
Federal Way WA 98023-1936

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

Name of Employer
Insure NW Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21631

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Angela Potts Bopp

Mailing Address 1205 Highway 2 Ste 202

City State Zip Code
Sandpoint ID 83864-2740

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

Name of Employer
Summit Insurance Resource Group

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21678

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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

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

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

FOR LINE NUMBER: PAGE 82 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Alex Poulter
Mailing Address 9545 Woodland Dr
City Lenexa State KS Zip Code 66220-3801
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthEdata Occupation Principal
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21138
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jason A. Powers
Mailing Address 9545 Woodland Dr
City Lenexa State KS Zip Code 66220-3801
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthEdata Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21022
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
D. Michael Pressley
Mailing Address 1075 Moran Rd
City Franklin State TN Zip Code 37069-6960
FEC ID number of contributing federal political committee. **C**
Name of Employer BB&T Insurance Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21822
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 83 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
John G. Prue
Mailing Address 12713 S Edinburgh St
City Olathe State KS Zip Code 66062-1300
FEC ID number of contributing federal political committee. **C**
Name of Employer Humana, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21710
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Colleen Pruitt
Mailing Address 5805 75th St
City Lubbock State TX Zip Code 79424-1727
FEC ID number of contributing federal political committee. **C**
Name of Employer TACT Insurance Agency Occupation Agency Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21229
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Rebecca L. Purdy
Mailing Address 8121 Desert Jewel Cir
City Las Vegas State NV Zip Code 89128-7741
FEC ID number of contributing federal political committee. **C**
Name of Employer The Onyx Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21711
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 139
	<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) Kathy M. Rainwater	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 3809 Silverwood Dr	Transaction ID: 9051-P21823
	City State Zip Code Tyler TX 75701-9336	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey A. Ranf	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 2600 Denali St Ste 102	Transaction ID: 9049-P21187
	City State Zip Code Anchorage AK 99503-2746	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Monthly)
	Name of Employer Wallace Group Services Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00	

C.	Full Name (Last, First, Middle Initial) Susan Maley Rash	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 2519 Kettlewell Ct	Transaction ID: 9049-P21231
	City State Zip Code Midlothian VA 23113-6726	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer BB&T Benefit Consultants of Virginia Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 139
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Jon C Rauser

Mailing Address 949 Lamplighter Ln

City Grafton State WI Zip Code 53024-9314

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

Name of Employer The Rauser Agency, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21232

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Kenneth L. Ray

Mailing Address 110 Beaver Bnd

City Canton State MS Zip Code 39046-9296

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

Name of Employer Stewart Sneed Hewes/Banco-rpSouth Insu Occupation Director of Marketing - Life/H

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21233

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Dennis J. Recker

Mailing Address 971 N Perry St

City Ottawa State OH Zip Code 45875-1218

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

Name of Employer Fawcett, Lammon, Recker & Associates Occupation Registered Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21628

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Joni Robin Reents
Mailing Address 12433 Bellaire Dr
City Thornton State CO Zip Code 80241-2925
FEC ID number of contributing federal political committee. **C**
Name of Employer Romer, Reents & Associates, Inc. Occupation Producer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21373
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lois Kohler Rhoades
Mailing Address 352 Ridge Top Rd
City Fleetwood State NC Zip Code 28626-9281
FEC ID number of contributing federal political committee. **C**
Name of Employer Hicks, Kohler & Associates Occupation Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21573
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Russell Lee Rice
Mailing Address 8830 Buckskin Dr
City Boerne State TX Zip Code 78006-5554
FEC ID number of contributing federal political committee. **C**
Name of Employer AVESIS, Inc. Occupation Regional VP of Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21375
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 3900 Halisport Dr NW

City State Zip Code
Kennesaw GA 30152-4077

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt / /
Transaction ID: 9049-P21325
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 45 Apple Tree Cir

City State Zip Code
Fishers IN 46038-1111

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

Name of Employer Gregory & Appel Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt / /
Transaction ID: 9051-P21825
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Glen E Riensche

Mailing Address 4316 S 48th St

City State Zip Code
Lincoln NE 68516-1287

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

Name of Employer Advanced Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt / /
Transaction ID: 9051-P21623
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 139
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.	Full Name (Last, First, Middle Initial) Mark Riley		Date of Receipt
	Mailing Address PO Box 1635		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Irmo	SC	29063-1635
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Benefit Services, LLC		Occupation Agent	Transaction ID: 9049-P21020
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="585.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Elizabeth E Rios-Carl		Date of Receipt
	Mailing Address 6841 Pino Real Dr		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	El Paso	TX	79912-2803
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Goodman Financial Group		Occupation VP - Employee Benefits	Transaction ID: 9051-P21712
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Michael A. Rivera		Date of Receipt
	Mailing Address 12200 Northwest Fwy Ste 662		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Houston	TX	77092-4927
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Northwest General Insurance		Occupation Agent	Transaction ID: 9049-P21034
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="795.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="220.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 89 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Joseph K. Roberts
Mailing Address 4000 S 36th St

City Lincoln State NE Zip Code 68506-4809

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21806
 Amount of Each Receipt this Period 150.00
 Payroll Deduction (\$150.00 Monthly)

B. Full Name (Last, First, Middle Initial)
William D. Robinson
Mailing Address 739 E Jackson St

City Martinsville State IN Zip Code 46151-2033

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

Name of Employer American Community Mutual Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21189
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
William T. Robinson
Mailing Address 401 S El Cielo Rd Apt 66

City Palm Springs State CA Zip Code 92262-7922

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

Name of Employer Palm Canyon Insurance Agency Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 695.00

Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21827
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 139

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
Mark Rose

Mailing Address 1545 NE 76th St

City State Zip Code
Seattle WA 98115-4373

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

Name of Employer Occupation
Baldwin Resource Group Vice President Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21376

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Charles P. Rosen

Mailing Address 849 Somera Ct

City State Zip Code
Simi Valley CA 93065-5546

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

Name of Employer Occupation
CPR Insurance & Financial Services President & CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 430.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21377

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Eugene L. Rowe

Mailing Address 10430 Wilshire Blvd

City State Zip Code
Los Angeles CA 90024-4651

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

Name of Employer Occupation
R & R Retirement and Insurance Service Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21820

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 139
	<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	

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) Francis A. Ruggiero		Date of Receipt
	Mailing Address 15 Kennedy Dr		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Budd Lake	NJ	07828-1438
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer John J. Slattery Associates		Occupation Director of Broker Development	Transaction ID: 9049-P21236
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="595.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Jean Russell		Date of Receipt
	Mailing Address 1A Spruce Hill Rd		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Burlington	MA	01803-4012
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BenefitsMart		Occupation President	Transaction ID: 9049-P21088
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Mike Ryan		Date of Receipt
	Mailing Address 7621 Madewood Ln		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Plano	TX	75025-3606
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UniCare		Occupation Director of Group Sales	Transaction ID: 9016-P20996
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	Amount of Each Receipt this Period <input type="text" value="365.00"/>
			Payroll Deduction (\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="480.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 92 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Teri Lyn Sackett
Mailing Address 351 Sexton Rd
City Sebastopol State CA Zip Code 95472-9440
FEC ID number of contributing federal political committee. **C**
Name of Employer Sackett & Associates Insurance Service Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 27 / 2009
Transaction ID: 9045
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Gregory S. Sailer
Mailing Address 9721 Wellington Rdg
City Woodbury State MN Zip Code 55125-9592
FEC ID number of contributing federal political committee. **C**
Name of Employer Sailer Benefit Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 555.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21241
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Stephen J. Salamon
Mailing Address PO Box 4252
City Timonium State MD Zip Code 21094-4252
FEC ID number of contributing federal political committee. **C**
Name of Employer Landmark Insurance & Financial Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 745.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21130
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1170.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 139
	<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) Raymer M. Sale	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 2135 Enclave Mill Dr	Transaction ID: 9049-P21242
	City State Zip Code Dacula GA 30019-3290	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)
Name of Employer E2E Benefits Services, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

B.	Full Name (Last, First, Middle Initial) Ryan A Saul	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 1521 Technology Pkwy	Transaction ID: 9049-P21133
	City State Zip Code Cedar Falls IA 50613-6977	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer PIPAC	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Alfonso C. Schiebel	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 561 Ripplewater Dr SW	Transaction ID: 9049-P21244
	City State Zip Code Marietta GA 30064-2474	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Monthly)
Name of Employer Schiebel & Associates, LLC dba Shopbe	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 139
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

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

Mailing Address 2604 Blackhawk Dr

City State Zip Code
Bellevue NE 68123-3704

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

Name of Employer Occupation
OCI Ins. & Fincl. Svcs. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21779

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

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

Mailing Address 380 Luzelle Dr

City State Zip Code
Winston Salem NC 27103-6470

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

Name of Employer Occupation
Plans For Health, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1110.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21334

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer Occupation
Mengel, Surdyke, Murphy and Finke Benefits Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: 9016-P20994

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Annually)

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 139
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 E Schneider

Mailing Address 210 Carden Ave

City Nashville State TN Zip Code 37205-2422

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

Name of Employer Colonial Life Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21583

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Denise Michelle Schroeder

Mailing Address 474 E Camino Rancho Cielo

City Sahuarita State AZ Zip Code 85629-8962

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

Name of Employer LifeWise Health Plans of Arizona Occupation Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21028

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City Silver Spring State MD Zip Code 20901-2348

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

Name of Employer Insurance Benefits & Advisors Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1290.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21620

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 139
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 D. Schulz

Mailing Address 7101 S 82nd St

City Lincoln State NE Zip Code 68516-6584

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

Name of Employer Midlands Financial Benefits Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21145

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Dan Schwartzer

Mailing Address 4600 American Pkwy Ste 208

City Madison State WI Zip Code 53718-8334

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

Name of Employer WAHU Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21641

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Gregory J. Seifert

Mailing Address 3311 NE 115th St

City Vancouver State WA Zip Code 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21336

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Ralph Steven Seiler

Mailing Address 948 Hawthorn Rd

City Allentown State PA Zip Code 18103-4678

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

Name of Employer R. Steve Seiler Insurance, LCC Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21068

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 28638 Oak Point Dr

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Warner Pacific Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21337

Amount of Each Receipt this Period 75.00

Payroll Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bruce J. Setlik

Mailing Address 17808 Harney St

City Omaha State NE Zip Code 68118-3500

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

Name of Employer American Community Mutual, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21789

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 139
	<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	

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) Douglas W Sheffer		Date of Receipt
	Mailing Address 110 International Way		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Springfield	OR	97477-1034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PacificSource Health Plans		Occupation Agent	Transaction ID: 9049-P21045
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Kenneth A. Sherlin		Date of Receipt
	Mailing Address 8 1st St		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Asheville	NC	28803-1414
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Keystone Financial & Benefit Resources		Occupation Marketing Partner	Transaction ID: 9051-P21810
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) David M. Sherrill		Date of Receipt
	Mailing Address 2844 Regal Ln		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oviedo	FL	32765-7573
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sherrill Insurance Brokerage, Inc.		Occupation Vice President/Life & LTC Mana	Transaction ID: 9049-P21378
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 99 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Jeffrey Sherrod
Mailing Address 3810 Holly Ridge Dr
City Longview State TX Zip Code 75605-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer Principal Life Insurance Co. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21064
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Thomas E. Shores
Mailing Address 8596 W Bolsa St
City Boise State ID Zip Code 83709-5196
FEC ID number of contributing federal political committee. **C**
Name of Employer T.A. Shores Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 217.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21238
Amount of Each Receipt this Period 31.00
Payroll Deduction (\$31.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Eileen M. Shrem
Mailing Address 215 McCabe Ave Apt C1
City Bradley Beach State NJ Zip Code 07720-1465
FEC ID number of contributing federal political committee. **C**
Name of Employer Independent Insurance Planner Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21239
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 91.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 100 / 139
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Bob G Shupe

Mailing Address 5904 Hitching Post Ln

City Nashville State TN Zip Code 37211-6934

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

Name of Employer ESP, Inc Occupation President, CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21367

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert C. Sichmeller

Mailing Address 4120 Sterlingview Dr

City Moorpark State CA Zip Code 93021-3761

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

Name of Employer Sichmeller Insurance and Financial So Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21240

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 2739 Brookside Ln

City McKinney State TX Zip Code 75070-4213

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

Name of Employer Patrick Skinner @ Associates Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2009

Transaction ID: 9016-P20997

Amount of Each Receipt this Period 150.00

Payroll Deduction (\$150.00 Annually)

SUBTOTAL of Receipts This Page (optional) ► 320.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 139
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Desmond X. Slattery

Mailing Address 1800 State Route 34

City Wall State NJ Zip Code 07719-9168

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

Name of Employer John J. Slattery Associates, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21148
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Deirdre Slattery Fallon

Mailing Address PO Box 256

City Spring Lake State NJ Zip Code 07762-0256

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

Name of Employer John J. Slattery Associates, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21078
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 1218 Broad St

City Durham State NC Zip Code 27705-3532

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

Name of Employer Financial Directions Group Occupation LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21341
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Gregory S. Smith

Mailing Address 4017 W Hollow Trace Dr

City Peoria State IL Zip Code 61615-2418

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

Name of Employer Group Marketing Services Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21342

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 10490 Blockade Dr

City Reno State NV Zip Code 89521-5264

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

Name of Employer Julie Smith Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21790

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kevin W. Smith

Mailing Address 6000 Lake Forrest Dr NW

City Atlanta State GA Zip Code 30328-3824

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

Name of Employer KSA Insurance Agency Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21084

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Paul E. Smith</p> <p>Mailing Address 169 Hawthorne Dr</p> <p>City State Zip Code Kensington CT 06037-4074</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AmeriBen Alliance, LLC Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 695.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21356</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Teresa A. Smith</p> <p>Mailing Address 2828 Lily St</p> <p>City State Zip Code Anchorage AK 99508-4771</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Premera BlueCross BlueShield of Alaska agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21697</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Thomas E. Snell</p> <p>Mailing Address 1201 Wilkins Dr</p> <p>City State Zip Code Sanford NC 27330-7238</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Benefit Edge of the Carolinas, Inc. Managing Director</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 310.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21210</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	145.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 104 / 139
(check only one)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code
Baton Rouge LA 70808-6200

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

Name of Employer Occupation
Besselman & Little Agency Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9051-P21673

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Tamela L. Southan

Mailing Address 8431 San Leandro Dr

City State Zip Code
Dallas TX 75218-4320

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

Name of Employer Occupation
Benefit Solutions By Design Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21343

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard Blake Spell

Mailing Address 7873 Bufflehead Ct

City State Zip Code
Greensboro NC 27455-8376

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

Name of Employer Occupation
United Healthcare Account Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 9049-P21357

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 105 / 139
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Anne P. Sperling
Mailing Address 25 Antigua Rd
City Santa Fe State NM Zip Code 87508-2201
FEC ID number of contributing federal political committee. **C**
Name of Employer Daniels Insurance, Inc. Occupation Employee Benefits Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21358
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jackie L. Spragins
Mailing Address 2009 Speedway Ave
City Wichita Falls State TX Zip Code 76301-6067
FEC ID number of contributing federal political committee. **C**
Name of Employer Allred-Thompson-Mason-Daugherty Insur Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21793
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Delvin L. Stahl
Mailing Address PO Box 388
City Sutton State NE Zip Code 68979-0388
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Plus, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21699
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 130.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Peter J Stein

Mailing Address 1164 Silver Beech Rd

City Herndon State VA Zip Code 20170-2328

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

Name of Employer NAHU Occupation VP Congressional Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9049-P21214

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James R Stenger

Mailing Address 381 victoria drive

City Bridgewater State NJ Zip Code 12909

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

Name of Employer NAS Financial Services Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9050-P21548

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City Mount Arlington State NJ Zip Code 07856-2321

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

Name of Employer MVS Consulting Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1720.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 9051-P21782

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 285.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 139
	<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 R. Stephens		Date of Receipt
	Mailing Address 1607 Lower Union Hill Rd		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Canton	GA	30115-8435
	FEC ID number of contributing federal political committee. C		Transaction ID: 9051-P21604
Name of Employer Wellcare Health Plans, Inc		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Michael R. Stephens		Date of Receipt
	Mailing Address 11515 S 5th Pl		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jenks	OK	74037-3229
	FEC ID number of contributing federal political committee. C		Transaction ID: 9049-P21347
Name of Employer Self Employed		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="850.00"/>	<input type="text" value="250.00"/>
			Payroll Deduction (\$250.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Rodney Stuart		Date of Receipt
	Mailing Address 9755 Randall Dr		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46280-2951
	FEC ID number of contributing federal political committee. C		Transaction ID: 9051-P21773
Name of Employer Benefit Innovations, LLP		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="330.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) James L. Sugden</p> <p>Mailing Address 628 Wild Ridge Cir</p> <p>City State Zip Code Lafayette CO 80026-2583</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Employee Benefit Solutions, Inc. Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 430.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21784</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) James F. Summers</p> <p>Mailing Address 15316 Pine St</p> <p>City State Zip Code Omaha NE 68144-5117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Senior Market Sales, Inc. Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 875.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9051-P21785</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Payroll Deduction (\$125.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Ryan R. Swinton</p> <p>Mailing Address 9931 N 151st St</p> <p>City State Zip Code Waverly NE 68462-1611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Midlands Financial Benefits Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 595.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: 9049-P21363</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	295.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 139
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.	Full Name (Last, First, Middle Initial) Marsha Tellesbo		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 22887 NE 127th Way		Transaction ID: 9049-P21326
	City Redmond	State WA	Zip Code 98053-5657
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Tellesbo & Company		Occupation Agent	Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) Harry P. Thal		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address PO Box 2137		Transaction ID: 9016-P21000
	City Kernville	State CA	Zip Code 93238-2137
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Harry P. Thal Insurance Agency		Occupation President	Payroll Deduction (\$365.00 Annually)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Ryan P. Thorn		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 10342 Springcrest Ln		Transaction ID: 9051-P21617
	City South Jordan	State UT	Zip Code 84095-4538
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Ryan P. Thorn Insurance Planning, Inc.		Occupation Agent	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶

480.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Helen M. Todd
 Mailing Address 54 Belle Meadow Ln
 City Little Rock State AR Zip Code 72210-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Todd Agency, Inc. Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 07 / 15 / 2009
Transaction ID: 8973
 Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
John David Todd
 Mailing Address 7011 Lucea Rd
 City Little Rock State AR Zip Code 72210-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Todd Agency, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 07 / 15 / 2009
Transaction ID: 8972
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Richard H. Todd
 Mailing Address 54 Belle Meadow Ln
 City Little Rock State AR Zip Code 72210-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Todd Agency, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 07 / 15 / 2009
Transaction ID: 8974
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00
TOTAL This Period (last page this line number only) ►

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Dave Toeben
Mailing Address 1625 Division St
City Waite Park State MN Zip Code 56387-1811
FEC ID number of contributing federal political committee. **C**
Name of Employer Insight Insurance Services Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21048
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jennifer L. Toups
Mailing Address 4521 Laurel St
City New Orleans State LA Zip Code 70115-1538
FEC ID number of contributing federal political committee. **C**
Name of Employer Business Insurance Group Occupation Director of Marketing
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21328
Amount of Each Receipt this Period 35.00
Payroll Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Janet Trautwein
Mailing Address 7212 Redlac Dr
City Clifton State VA Zip Code 20124-1948
FEC ID number of contributing federal political committee. **C**
Name of Employer NAHU Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21786
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
C. Louanne Trebing

Mailing Address 1806 Patton Dr

City State Zip Code
Garland TX 75042-8205

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

Name of Employer Trebing Insurance Services Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21787
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Terrie L Trevino

Mailing Address 672 S Tiburon Ave

City State Zip Code
Meridian ID 83642-3590

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

Name of Employer Blue Cross of Idaho Occupation Marketing Consultant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21349
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 11329 Kansas Cir

City State Zip Code
Omaha NE 68164-1555

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

Name of Employer Corporate Resource Group, Inc. Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21311
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Catherine Van Zant
 Mailing Address 11916 W Highway 156
 City State Zip Code
 West Fork AR 72774-9378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rogers Benefit Group Sales Representative
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2009
Transaction ID: 9051-P21775
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert B. Vernon
 Mailing Address 3702 Alton Rd SW
 City State Zip Code
 Roanoke VA 24014-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southwind Health Partners President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2009
Transaction ID: 9051-P21788
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction
 (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ellen Vickers
 Mailing Address 921-C S McPherson Church Rd
 City State Zip Code
 Fayetteville NC 28303-5368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EbenConcepts Company Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2009
Transaction ID: 9051-P21633
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Charles G. Wagner
Mailing Address PO Box 9
City Burwell State NE Zip Code 68823-0009
FEC ID number of contributing federal political committee. **C**
Name of Employer Town and Country Insurance Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21687
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Janice Walker
Mailing Address 4019 Cardinal Rd
City Akron State OH Zip Code 44333-1503
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Designs, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21329
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Rand R. Wall
Mailing Address 1004 Sugardale Ct
City Sugar Land State TX Zip Code 77498-2760
FEC ID number of contributing federal political committee. **C**
Name of Employer Lone Star Health Plans, Ltd. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21776
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Timothy P. Walsh

Mailing Address 701 Oyster Catcher Dr

City State Zip Code
Hampstead NC 28443-8340

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

Name of Employer Occupation
Advanced Insurance Systems Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21796

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City State Zip Code
Arlington VA 22201-2573

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

Name of Employer Occupation
NAHU VP, Policy and State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21663

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
M. Hughes Waren

Mailing Address 1109 Princeton Dr

City State Zip Code
Wilmington NC 28403-2528

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

Name of Employer Occupation
Ebenconcepts, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 9051-P21698

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
John L. Warwick
Mailing Address PO Box 272
City Chico State CA Zip Code 95927-0272
FEC ID number of contributing federal political committee. **C**
Name of Employer John Warwick Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21217
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mark A Waugh
Mailing Address 125 Powell Rd
City Newport State NC Zip Code 28570-3706
FEC ID number of contributing federal political committee. **C**
Name of Employer EbenConcepts Occupation AGENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21764
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Cecilia La Verne Webb
Mailing Address 8016 Dumas Dr NE
City Albuquerque State NM Zip Code 87109-5208
FEC ID number of contributing federal political committee. **C**
Name of Employer Lovelace Health Plan Occupation Account Associate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21765
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Charles A Webb
Mailing Address 15 S Jefferson St
City Roanoke State VA Zip Code 24011-1303
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefits Group, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21143
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dan Webb
Mailing Address 2108 24th St Ste 2
City Bakersfield State CA Zip Code 93301-3748
FEC ID number of contributing federal political committee. **C**
Name of Employer The Webb Insurance Group Occupation Marketing Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21609
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jason Scott Weilage
Mailing Address 3800 Flowering Grove Ct
City Louisville State KY Zip Code 40241-3044
FEC ID number of contributing federal political committee. **C**
Name of Employer Brown and Brown Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21777
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Charles L. Westmoreland

Mailing Address PO Box 925

City State Zip Code
Jackson MS 39205-0925

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

Name of Employer American Public Life Insurance Company
Occupation Director of Agency Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 9049-P21023

Amount of Each Receipt this Period
80.00

Payroll Deduction
(\$50.00 Monthly)

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

Mailing Address 376 Overlook Point Drive

City State Zip Code
Dahlonega GA 30533

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

Name of Employer Benefit Design Strategies
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 9049-P21218

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Daniel T. Wheeler

Mailing Address 5721 E 118th St

City State Zip Code
Tulsa OK 74137-8512

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

Name of Employer Plan Benefit Analysts of Tulsa, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: 9015

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Richard E. Wheeler
Mailing Address 23 Barclay Dr..
City Pt. Pleasant State NJ Zip Code 08742
FEC ID number of contributing federal political committee. **C**
Name of Employer Richard E. Wheeler Insurance Services Occupation Sales agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9049-P21219
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert H. White
Mailing Address 218 W 6th St
City Tulsa State OK Zip Code 74119-1004
FEC ID number of contributing federal political committee. **C**
Name of Employer CommunityCare HMO Plans of OK Occupation Marketing Representative
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21634
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dale Whiteis
Mailing Address 7820 S Granite Ave
City Tulsa State OK Zip Code 74136-8456
FEC ID number of contributing federal political committee. **C**
Name of Employer Whiteis Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21676
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
George Williams
Mailing Address 4109 Woodway Dr
City State Zip Code
Monroe LA 71201-2218
FEC ID number of contributing federal political committee. **C**
Name of Employer Financial Planning Resources Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21763
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
M. Dwayne Wilson
Mailing Address 203 Chickasaw Trl
City State Zip Code
Maiden NC 28650-9406
FEC ID number of contributing federal political committee. **C**
Name of Employer Dwayne Wilson Insurance & Financial S Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21767
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Paula L Wilson
Mailing Address 31930 Daniel Way
City State Zip Code
Temecula CA 92591-2129
FEC ID number of contributing federal political committee. **C**
Name of Employer Paula Wilson, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00
Date of Receipt 07 / 24 / 2009
Transaction ID: 9051-P21768
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Tammy Winn
Mailing Address 5940 Hartson
City State Zip Code
Kyle TX 78640-8827
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pro Insurance Services Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21769
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Shelly K Winson
Mailing Address 2491 W Binner Dr
City State Zip Code
Chandler AZ 85224-4112
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
OptumHealth Financial Services Business Development Director,
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 310.00
Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21317
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Rosanne Wolfe
Mailing Address 4600 E Swans Nest Rd
City State Zip Code
Tucson AZ 85718-6248
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wolfe Insurance & Consultants, LLC Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 385.00
Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21353
Amount of Each Receipt this Period: 10.00
Payroll Deduction: (\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 70.00
TOTAL This Period (last page this line number only) ▶

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 106 Main St

City State Zip Code
Kingston NY 12401-4410

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

Name of Employer Benefit Counseling Associates Occupation Group & Health Benefit Special

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21354
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 318 Calash Run

City State Zip Code
Fort Wayne IN 46845-2104

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

Name of Employer Intrahealthsolutions, Inc. Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9051-P21840
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dennis E. Wright

Mailing Address 318 Calash Run

City State Zip Code
Fort Wayne IN 46845-2104

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 ▼ 595.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 9049-P21222
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 / 139
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.	Full Name (Last, First, Middle Initial) Luann S. Yarberry	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 4500 Bermuda Ln	Transaction ID: 9049-P21318
	City State Zip Code Wichita Falls TX 76308-2443	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Allred-Thompson-Mason-Daugherty Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
B.	Full Name (Last, First, Middle Initial) Robert A Ziff	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 568 Valleyview Rd	Transaction ID: 9049-P21190
	City State Zip Code Langhorne PA 19047-2221	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)
Name of Employer Avanti Benefits Corp	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	34203.59

**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)

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9062 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement FEE	<input type="text" value="447.64"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9071 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Fee	<input type="text" value="4.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: 9061 Date of Disbursement
	Mailing Address 7300 Chapman Way	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Fee	<input type="text" value="807.62"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1260.21"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 125 / 139

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement

Analysis Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 9078

Date of Disbursement

07 / 09 / 2009

Amount of Each Disbursement this Period

115.98

SUBTOTAL of Disbursements This Page (optional)

115.98

TOTAL This Period (last page this line number only)

1376.19

**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)

A. Full Name (Last, First, Middle Initial) BENNET FOR COLORADO Mailing Address 1900 GRANT STREET SUITE 1170 City DENVER State CO Zip Code 80203 Purpose of Disbursement Breakfast June Candidate Name MICHAEL F BENNET Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8934 Date of Disbursement 07 / 06 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS, INC Mailing Address PO Box 80126 City Lafayette State LA Zip Code 70598 Purpose of Disbursement Lunch 7.16 Candidate Name CHARLES DR. JR. BOUSTANY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8932 Date of Disbursement 07 / 16 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010 Mailing Address POST OFFICE BOX 977 City MUSKOGEE State OK Zip Code 74402 Purpose of Disbursement Dinner 7.29 Candidate Name THOMAS A COBURN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9033 Date of Disbursement 07 / 29 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <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)

A.	Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: 9012 Date of Disbursement
	Mailing Address PO BOX 1096	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 7.22	<input type="text" value="2000.00"/>
	Candidate Name SUSAN M COLLINS	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMITTEE, THE	Transaction ID: 9030 Date of Disbursement
	Mailing Address P.O. Box 1444	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City Ennis State TX Zip Code 75120	Amount of Each Disbursement this Period
	Purpose of Disbursement Lunch 7.29	<input type="text" value="1000.00"/>
	Candidate Name JOE LINUS BARTON	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE	Transaction ID: 9005 Date of Disbursement
	Mailing Address 1212 S VICTORY BLVD	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement Lunch 7.22	<input type="text" value="1000.00"/>
	Candidate Name DIANNE FEINSTEIN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address PO BOX 3197</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement Breakfast 7.9</p> <p>Candidate Name BLANCHE LAMBERT LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8930 Date of Disbursement 07 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement In-district</p> <p>Candidate Name GLENN CARLYLE III NYE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9022 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement Dinner 7.21</p> <p>Candidate Name JOHN J. BARROW</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9019 Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement Reception 7.30</p> <p>Candidate Name JOHN S. TANNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9034 Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON</p> <p>Mailing Address POST OFFICE BOX 250116</p> <p>City ATLANTA State GA Zip Code 30325</p> <p>Purpose of Disbursement Dinner 7.7</p> <p>Candidate Name JOHN HARDY ISAKSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8928 Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>010 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement Breakfast</p> <p>Candidate Name J. PHILLIP GINGREY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9029 Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

A. Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Breakfast 7.9

Candidate Name
ORRIN G HATCH

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: UT District: 00

Transaction ID: 8931

Date of Disbursement

/ /

Amount of Each Disbursement this Period

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
HAWKEYE PAC, THE

Mailing Address PO Box 7255

City State Zip Code
Des Moines IA 50309

Purpose of Disbursement
Breakfast 7.28

Candidate Name
HAWKEYE PAC, THE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

011
Category/
Type

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

Mailing Address 4201 Northview Dr, Ste 307

City State Zip Code
Bowie MD 20716

Purpose of Disbursement
Event

Candidate Name
STENY HAMILTON HOYER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 05

Transaction ID: 9013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

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)

A.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: 9006 Date of Disbursement 07 / 23 / 2009
	Mailing Address PO BOX 10246	
	City PHOENIX State AZ Zip Code 85064	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Dinner 7.23 Candidate Name JON L KYL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: 9017 Date of Disbursement 07 / 23 / 2009
	Mailing Address PO BOX 10246	
	City PHOENIX State AZ Zip Code 85064	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Void Candidate Name JON L KYL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) LISA MURKOWSKI FOR US SENATE	Transaction ID: 9008 Date of Disbursement 07 / 22 / 2009
	Mailing Address PO BOX 100847	
	City ANCHORAGE State AK Zip Code 99510	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Lunch 7.22 Candidate Name LISA MURKOWSKI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) LISA MURKOWSKI FOR US SENATE</p> <p>Mailing Address PO BOX 100847</p> <p>City ANCHORAGE State AK Zip Code 99510</p> <p>Purpose of Disbursement VOID</p> <p>Candidate Name LISA MURKOWSKI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9080 Date of Disbursement 07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>007 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 8060</p> <p>City TYLER State TX Zip Code 75711</p> <p>Purpose of Disbursement Dinner 7.23</p> <p>Candidate Name LOUIE GOHMERT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9014 Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS</p> <p>Mailing Address P.O. BOX 521048</p> <p>City SALT LAKE CITY State UT Zip Code 84152</p> <p>Purpose of Disbursement Dinner 7.21</p> <p>Candidate Name JAMES MATHESON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9007 Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

A.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: 9018 Date of Disbursement
	Mailing Address P.O. BOX 521048	<input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code SALT LAKE CITY UT 84152	Amount of Each Disbursement this Period
	Purpose of Disbursement Void	<input type="text" value="-2500.00"/>
	Candidate Name JAMES MATHESON	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: 9009 Date of Disbursement
	Mailing Address P.O. BOX 521048	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code SALT LAKE CITY UT 84152	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast	<input type="text" value="1500.00"/>
	Candidate Name JAMES MATHESON	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS	Transaction ID: 8929 Date of Disbursement
	Mailing Address PO Box 2334	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code Denton TX 76202	Amount of Each Disbursement this Period
	Purpose of Disbursement Lunch 7.8	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL C. DR. BURGESS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

A.	Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS	Transaction ID: 8965 Date of Disbursement
	Mailing Address P.O. Box 1	<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Lumberton State NC Zip Code 28359	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting	<input type="text" value="1000.00"/>
	Candidate Name MIKE MCINTYRE	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: 9010 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast 7.28	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL AVERY ROSS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SENATE CONSERVATIVES FUND	Transaction ID: 8933 Date of Disbursement
	Mailing Address 228 S. Washington St., Ste. 115	<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement DeMint Event	<input type="text" value="2500.00"/>
	Candidate Name SENATE CONSERVATIVES FUND	<input type="text" value="011"/> Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: 9020 Date of Disbursement
	Mailing Address P.O. Box 32025	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 7.23	<input type="text" value="1000.00"/>
	Candidate Name SENATE MAJORITY FUND	<input type="text" value="011"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: 9004 Date of Disbursement
	Mailing Address P.O. BOX 2006	<input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 7.21	<input type="text" value="2000.00"/>
	Candidate Name OLYMPIA J SNOWE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.	Transaction ID: 9021 Date of Disbursement
	Mailing Address P.O. BOX 40233	<input type="text" value="07"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FORT WAYNE State IN Zip Code 46804	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast 7.22	<input type="text" value="1000.00"/>
	Candidate Name MARK E SOUDER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Lunch 7.31

Candidate Name
JOHN M SHIMKUS

Office Sought: House
 Senate
 President

State: IL District: 19

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 9035

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

36000.00

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.	Full Name (Last, First, Middle Initial) Cynthia H. Doucet	Transaction ID: 9067 Date of Disbursement 07 / 29 / 2009
	Mailing Address 206 Bon Mange Cir	
	City Lafayette State LA Zip Code 70506	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement contribution refunded Candidate Name Cynthia H. Doucet	010 Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) D. Keith Kennedy	Transaction ID: 9068 Date of Disbursement 07 / 29 / 2009
	Mailing Address 359 Wisconsin Ave	
	City Long Beach State CA Zip Code 90814	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement contribution refunded Candidate Name D. Keith Kennedy	010 Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) John Woods	Transaction ID: 9065 Date of Disbursement 07 / 24 / 2009
	Mailing Address 806 Perkinswood Blvd NE	
	City Warren State OH Zip Code 44483	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement contribution refunded Candidate Name John Woods	010 Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	70.00
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Joseph A. Kelliher</p> <p>Mailing Address 24 Sawyer Dr</p> <p>City Salem State VA Zip Code 24153</p> <p>Purpose of Disbursement contribution refunded</p> <p>Candidate Name Joseph A. Kelliher</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9064 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>010 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kimberly Dawn Kendall</p> <p>Mailing Address 8 Shady Ln</p> <p>City Candler State NC Zip Code 28715</p> <p>Purpose of Disbursement contribution refunded</p> <p>Candidate Name Kimberly Dawn Kendall</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9063 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>010 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Monte A. Merken</p> <p>Mailing Address 24577 Indian Hill Ln</p> <p>City West Hills State CA Zip Code 91307</p> <p>Purpose of Disbursement contribution refunded</p> <p>Candidate Name Monte A. Merken</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9066 Date of Disbursement 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>010 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Mteesa K Shouse <hr/> Mailing Address 110 W 7th St Ste 2520 <hr/> City Tulsa State OK Zip Code 74119 <hr/> Purpose of Disbursement contribution refunded Candidate Name Mteesa K Shouse <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9069 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 10.00
B. Full Name (Last, First, Middle Initial) Susan M. Rider <hr/> Mailing Address 45 Apple Tree Cir <hr/> City Fishers State IN Zip Code 46038 <hr/> Purpose of Disbursement contribution refunded Candidate Name Susan M. Rider <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9070 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 30.00

SUBTOTAL of Disbursements This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	180.00