01/19/2007 12:21

Image# 27930053160

### **FEC** FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Health Underwriters PAC (HUPAC) P. O. Box 7135 ADDRESS (number and street) Check if different than previously DC 20044 Washington 7135 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00283135 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Wade S. Williams Type or Print Name of Treasurer Electronically Filed by Wade S. Williams 0 1 19 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:	28 2006	To: 12 31 2006
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1		31951.44
(b) Cash on Hand at Begining of Reporting Period	25432.82	
(c) Total Receipts (from Line 19)	31213.34	278317.99
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56646.16	310269.43
Total Disbursements (from Line 31)	14664.24	268287.51
Cash on Hand at Close of		
Reporting Period (subtract Line 7 from Line 6(d))	41981.92	41981.92
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed <b>BY</b>		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

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

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

### **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

20. Total Federal Receipts

National Association of Health Underwriters PAC (HUPAC)

3<sup>D</sup>1 м N 1 1 2<sup>D</sup>8 м м 1 2 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 21787.00 154306.00 (i) Itemized (use Schedule A) .......... 9426.34 123942.08 (ii) Unitemized ..... (iii) TOTAL (add 31213.34 278248.08 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 31213.34 278248.08 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 69.91 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 31213.34 278317.99

31213.34

278317.99

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 11664.24 62742.51 Expenditures..... (c) Total Operating Expenditures 11664.24 62742.51 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 3000.00 190500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 695.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 695.00 (add Lines 28(a), (b), and (c)) ......... 0.00 14350.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 14664.24 268287.51 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) 14664.24 268287.51 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) ine 11(d), page 3)	31213.34	278248.08
	Contribution Refunds Line 28(d))	0.00	695.00
	ntributions (other than loans) act Line 34 from Line 33)	31213.34	277553.08
	ederal Operating Expenditures ne 21(a)(i) and Line 21(b))	11664.24	62742.51
	s to Operating Expenditures .ine 15, page 3)	0.00	0.00
	erating Expenditures act Line 37 from Line 36)	11664.24	62742.51

SCHEDULE A (FEC Form 3	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 140
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Health Un	derwriters PAC (	HUPAC)	
Full Name (Last, First, Middle Initial)  A. Kathleen A. Hughes			Date of Receipt
Mailing Address 13513 Arlington R	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17833989
<u>Norwalk</u>	OH	44857-9626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		340.00
Name of Employer Benefit Solutions	Occupation Insurance		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial)  3. CHRISTA MCCONATHY			Date of Receipt
Mailing Address 5171 Verdugo Wa	у		1 1 2 8 2 0 0 6
City Sta		Zip Code	Transaction ID: 18020243
<u>Ventura</u>	CA	93004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Golden West Dental Health	Occupation		
<u>Plan</u> Receipt For:	Insurance	e Agent e Year-to-Date <b>V</b>	$\dashv$
Primary General	7.99.094.0		1
Other (specify) ▼		445.00	
Full Name (Last, First, Middle Initial)  LAURIE J KIRKLAND			Date of Receipt
Mailing Address PO Box 10088			1 1 2 8 2 0 0 6
City	State	Zip Code	Transaction ID: 18020247
<u>Yakima</u>	WA	98909-1088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Conover Insurance Inc.	Occupation Insurance		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	315.00	
SUBTOTAL of Receipts This Page (option	al)		455.00
TOTAL This Desired (Instrumental Pro	mbor out : )		
TOTAL This Period (last page this line nur	nber only)	<b>)</b>	

SCHE	DULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUI	
	ZED RECEIPTS		or each category of the Detailed Summary Page		e) 11b
Any info	rmation copied from such Reports and Sta mmercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose	of soliciting contributions
NAM	E OF COMMITTEE (In Full) onal Association of Health Underwri				
A. BRAI	Name (Last, First, Middle Initial) DFORD H. BLAIN ng Address P O Box 4510			Date of Rec	ceipt 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lexi	ngton	State KY	Zip Code 40544-4510		n ID: 18020248 Each Receipt this Period
FEC	ID number of contributing ral political committee.	C	1 1 1 1 1 1	7 tinount of 1	30.00
<u>ency</u>	e of Employer prstrick Insurance Ag- Inc. eipt For: Primary General Other (specify)	Occupation Insurance Aggregate			
3. <u>JOH</u> 1	Name (Last, First, Middle Initial) N KIEBLER ng Address 300 West Vine Street			Date of Rec	D D / Y Y Y Y
City		State	Zip Code	1 1 Transaction	2 8 2 0 0 6 1 ID: 18020249
<u>Lexi</u>	ngton	KY	40507-1621	Amount of E	Each Receipt this Period
	ID number of contributing al political committee.	C			30.00
Name CHA	e of Employer Health	Occupation Insurance			
Rece	eipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00		
	Name (Last, First, Middle Initial) SIVERS			Date of Rec	eint .
-	ng Address 10731 Treena St., # 109			M M /	28 2006
City	Diama	State	Zip Code		1 ID: 18020259
	Diego	CA	92131-1040	Amount of E	Each Receipt this Period
feder	ID number of contributing al political committee.	C			30.00
	e of Employer fitPro Insurance Serv-	Occupation Insurance			
<u>ices</u> Rece	Inc. sipt For:	1	Year-to-Date ▼		
	Primary General Other (specify) ▼	39.03	230.00		
SUBTO	<b>DTAL</b> of Receipts This Page (optional)				90.00
TOTAL	. This Period (last page this line number or	ار))	<b>&gt;</b>		

# SCHEDULE A (FEC Form 3X)

PAGE 8 / 140 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) H Luke MCDERMOTT Date of Receipt Mailing Address 883 West Baxter Drive 2006 1.1 28 Zip Code City State Transaction ID: 18020261 South Jordan UT 84095-8506 Amount of Each Receipt this Period FEC ID number of contributing 85.00 C federal political committee. Name of Employer McDermott Company & Assoc-Occupation Insurance Agent iates Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** CAROLYNNE E. MULDOON Date of Receipt Mailing Address 457 Main Street 28 2006 City Zip Code State Transaction ID: 18020263 Longmont CO 80501-5534 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Milestone Insurance Agency Occupation Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) Full Name (Last, First, Middle Initial) C. WARD MCKALSON Date of Receipt Mailing Address 532 Pajaro Street 2006 1.1 28 City State Zip Code Transaction ID: 18020267 Salinas CA 93901-3346 Amount of Each Receipt this Period FEC ID number of contributing 85.00 C federal political committee. Name of Employer McKalson Insurance Agency Occupation President Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional) .....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 140 (check only one)  X 11a 11b 11c 12
Δr	y information copied from such Reports and Stat	tements may	, -	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) ERIC D. JOHNSON			Date of Receipt
	Mailing Address 3510 Willow Ridge Drive	)		1 1 2 8 2 0 0 6
	City Arlington	State TX	Zip Code 76017	Transaction ID: 18020271  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer BenefitPort Southwest		alth Agent	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) SHARON ALT			Date of Receipt
	Mailing Address 6410 Southwest Blvd, St	uite 204		1 1 2 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18020277
	Fort Worth  FEC ID number of contributing federal political committee.	C	76109-3920	Amount of Each Receipt this Period  50.00
	Name of Employer Alt Benefit Consultants Inc	Occupation Insurance		
	Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) TRAVIS S. MIDDLETON			Date of Receipt
	Mailing Address 20501 Katy Freeway, # 2	219		1 1 2 8 2 0 0 6
	City	State	Zip Code	Transaction ID: 18020280
	Katy	TX	77450-1935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer TradeMark Insurance Agency	Occupation		
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General	Aggregate		1
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			180.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 140 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrit	ers PAC (	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) WILLIAM BLAKELY			Date of Receipt
	Mailing Address PO Box 11310			11 28 2006
	City	State	Zip Code	Transaction ID: 18020281
	Chattanooga	TN	37401-2310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Russ Blakely & Associates	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) MICHAEL A. RIVERA			Date of Receipt
٥.	Mailing Address 12200 Northwest Freewa	y, Suite 6	62	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City S		Zip Code	Transaction ID: 18020282
	Houston	TX	77092-4927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Northwest General Insuran- ce	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
).	Full Name (Last, First, Middle Initial) SUE LARSEN			Date of Receipt
Mailing Address P.O. Box 6465				11 28 7 2006
	City	State	Zip Code	Transaction ID: 18020284
	Santa Barbara	CA	93111-1925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		75.00
	Name of Employer Larsen Insurance	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		775.00	
s	UBTOTAL of Receipts This Page (optional)			190.00
	,			

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 11 / 140
	MIZED RECEIPTS		or each category of the	(check only one)	□ 445 □ 45
			Detailed Summary Page	X 11a 11b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any	information copied from such Reports and Statr r commercial purposes, other than using the na	ements may	not be sold or used by any perso		
		me and add	dress of any political committee to	solicit contributions from	m such committee.
`	IAME OF COMMITTEE (In Full)				
<b>/</b>	National Association of Health Underwrit	ers PAC (	HUPAC)		
_	full Name (Last, First, Middle Initial)			Date of Decision	
_	EFFREY SHERROD  **Address 1203-B West Loop 281, 5	Suita 102		Date of Receipt	D / Y Y Y Y
_	1205-B West Loop 201, 0	Juile 105		11 2	
	City	State	Zip Code	Transaction ID:	18020293
L	ongview	TX	75604	Amount of Each F	Receipt this Period
	EC ID number of contributing ederal political committee.	С			30.00
Ņ	lame of Employer Principal Life Insurance	Occupation		1	
<u>C</u>	Co.	Insurance		_	
F	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼		
	Other (specify)		300.00		
	ull Name (Last, First, Middle Initial) AMES R STENGER			Date of Receipt	
N	Mailing Address 268 South Street			1 1 2	
C	Dity	State	Zip Code	Transaction ID:	
<u> </u>	Morristown	NJ	07960-6019		Receipt this Period
	EC ID number of contributing	С			170.00
fe	ederal political committee.				., 0.00
Ž	lame of Employer IAS Financial Services	Occupation	n	7	
_		Principal			
F	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	. [	
	Other (specify)		1350.00		
			0 0 0 0 0 0 0		
	rull Name (Last, First, Middle Initial)			Date of Receipt	
_	Mailing Address 2701 West 15th Street, #	554		M M / D	
_	<u> </u>			11 2	
	Dity Plane	State	Zip Code	Transaction ID:	
_	Plano	TX	75075-7523	Amount of Each F	Receipt this Period
	EC ID number of contributing ederal political committee.	С			40.00
<u> </u>	lame of Employer Bowman & Bowman Consultan-	Occupation			
<u>t</u> :	s Inc.	Insurance		_	
F	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼		
	Other (specify)		330.00		
SUI	BTOTAL of Receipts This Page (optional)				240.00
			<u></u>		
TO	TAL This Period (last page this line number on	ly)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 140 (check only one)  X 11a 11b 11c 12
Any	r information copied from such Reports and State or commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\overline{}$	or commercial purposes, other than using the ha NAME OF COMMITTEE (In Full) National Association of Health Underwrit			solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) JENNIFER L. WENKE  Mailing Address 1395 Panther Lane, Suite  City  Naples  FEC ID number of contributing federal political committee.  Name of Employer Lutgert Smith Lesher Insurance Inc.  Receipt For:	State FL  C  Occupation Sr. Custo	Zip Code 34109  n omer Service Rep - L & H e Year-to-Date ▼	Date of Receipt  M M M / 28 / 2006  Transaction ID: 18020313  Amount of Each Receipt this Period  30.00
	Primary General Other (specify) ▼	0 0	520.00	
3.	Full Name (Last, First, Middle Initial) BARBARA WONG Mailing Address 1311 L Street  City Anchorage  FEC ID number of contributing federal political committee.  Name of Employer Capital Management Benefits Corp.  Receipt For:  Primary General Other (specify)	State AK  C  Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM J. BRANNON Mailing Address 7 Terrace Way, Suite C City Greensboro FEC ID number of contributing federal political committee.  Name of Employer Group US Inc.  Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt  M M / 30 / 2006  Transaction ID: 18020376  Amount of Each Receipt this Period  25.00
SL	IBTOTAL of Receipts This Page (optional)			105.00
TC	OTAL This Period (last page this line number on	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 140
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrit	ers PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) G. Russell GARNER			Date of Receipt
	Mailing Address 1308 Murraywood Drive			11 30 4 2006
	City	State	Zip Code	Transaction ID: 18020377
	Columbia	SC	29212-1159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation Insurance		7
	Receipt For:		Year-to-Date ▼	+
	Primary General	7.99.094.0	<del></del>	1
	Other (specify) ▼	0 0	210.00	
В.	Full Name (Last, First, Middle Initial) PATRICE GOLDFARB			Date of Receipt
	Mailing Address 442 Teaneck Rd.			1 1 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 18020378
	Ridgefield Park	NJ	07660-1516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer The Employee Benefits Adv-	Occupation Insurance		
	isors Group Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogate	Tear to Bate V	1
	Other (specify) ▼	0 0	620.00	
<u> </u>	Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt
	Mailing Address 41 Notre Dame Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18020382
	Utica	NY	13502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		85.00
	Name of Employer Meridian Group of New York Inc.	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		005.00	1
	Other (specify)	0 0	905.00	
	LIPTOTAL of Descripto This Descriptor-II		_	175.00
L	UBTOTAL of Receipts This Page (optional)		·······	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 140	
ITEMIZED RECEIPTS	or each category of the		(check only one)	
TI LIMIZED TIECEIF 13		Detailed Summary Page	X 11a 11b 11c 12	
			13 14 15 16 17	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
National Association of Health Underw	riters PAC (	HUPAC)		
Full Name (Last, First, Middle Initial)  A. ROBERT P POLI			Date of Receipt	
Mailing Address 6101 Executive Boulevi	ard, Suite 12	2	1 1 3 0 2 0 0 6	
City	State	Zip Code	Transaction ID: 18020386	
Rockville	MD	20852-3907	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		20.00	
Name of Employer Insurance Marketing Center	Occupation	า	7	
Insurance Marketing Center Inc.	Insurance	e Agent		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		220.00		
Other (specify)	0 0	220.00		
Full Name (Last, First, Middle Initial) <b>B.</b> JOHN SUGG			Date of Receipt	
Mailing Address 4108 Alcazar NE, Suite	e A		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 18020395	
Albuquerque	NM	87109-1809	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		30.00	
Name of Employer The Sugg Group LLC	Occupation Insurance			
Receipt For:	_	Year-to-Date ▼		
Primary General Other (specify)		240.00		
Full Name (Last, First, Middle Initial)  C. OWEN W. WINGATE			Date of Receipt	
Mailing Address 155 Professional Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 18020397	
Ponte Vedra Beach	FL	32082-6217	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		40.00	
Name of Employer Wingate Insurance Group Inc.	Occupation Insurance			
Receipt For:		Year-to-Date ▼	7	
Primary General Other (specify)		460.00		
SUBTOTAL of Receipts This Page (optional)			90.00	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 140	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	en information conied from and Departs and Chate			13 14 15 16 17
or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ne and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	National Association of Health Underwrite	ers PAC (	HUPAC)	
$\angle$		`	,	
	Full Name (Last, First, Middle Initial)			Date of Descript
Α.	Mailing Address 1300 10th Street			Date of Receipt
	Mailing Address 1300 10th Street			11 30 2006
	City	State	Zip Code	Transaction ID: 18020398
	Wichita Falls	TX	76301-3227	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		30.00
	Name of Employer	Occupation	า	
	griorty ino.	Insurance	e Agent	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		240.00	
	Other (specify)		0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 15 South Jefferson St.			11 30 2006
	City	State	Zip Code	Transaction ID: 18020400
	Roanoke	VA	24011-1303	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer	Occupation	า	_
	Renetite Group Inc	Insurance		
			Year-to-Date ▼	
	Primary General		040.00	1
	Other (specify)	0 0	240.00	
_				
C.	Full Name (Last, First, Middle Initial) THOMAS SHORES			Date of Receipt
	Mailing Address 8596 W Bolsa Ct.			M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 18020401
	Boise	<u>ID</u>	83709-5196	Amount of Each Receipt this Period
	FEC ID number of contributing	С		20.00
	federal political committee.			
		Growth Specialist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	
	Cure (specify) \	0 0	0 0 0 0 0 0 0	1
	<b>I</b>			2020
s	SUBTOTAL of Receipts This Page (optional)			80.00
T	<b>OTAL</b> This Period (last page this line number only	<i>ı</i> )	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 140
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
_	.,			13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) BRUCE D BENTON			Date of Receipt
	Mailing Address 19528 Ventura Bouleva	rd # 596		1 1 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 18020402
	Tarzana	CA	91356-2917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Genesis SmithBenton Insur-	Occupation	า	7
	Genesis SmithBenton Insur- ance & Financ	Insurance	e Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		420.00	
	Other (specify)	0 0	420.00	
В.	Full Name (Last, First, Middle Initial) JOHN Philip GARVEN			Date of Receipt
	Mailing Address 11715 East Main Street	- PO Box 8	3	1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18020406
	Huntley	IL	60142-6913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benico LTD	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼		270.00	
— С.	Full Name (Last, First, Middle Initial) WILLIS H. GLAROS			Date of Receipt
	Mailing Address PO Box 184			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18020407
	Dyer	IN	46311-0184	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Employer Benefit Systems	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		680.00	
			0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			200.00
	<u> </u>			

# SCHEDULE A (FEC Form 3X)

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 140
	•		Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			z otalioù zalililar y l'ago	13 14 15 16 17
Ar	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)	<b>5.4</b> 0 (		
/	National Association of Health Underwrite	ers PAC (	HUPAC)	
_	Full Name (Last, First, Middle Initial) PATRICIA A GRIFFEY			Date of Receipt
٠.	Mailing Address 227 Dixie Way North Suite	e 210		M M / D D / Y Y Y Y
	-			11 30 2006
	City	State	Zip Code	Transaction ID: 18020408
	South Bend	<u>IN</u>	46637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Page 1 Renéfité Inc	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼		475.00	
3.	Full Name (Last, First, Middle Initial) STEPHEN A GRIM			Date of Receipt
-	Mailing Address P O Box 1105			M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 18020409
	Virginia Beach	VA	23451-0105	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.	9		
	Name of Employer	Occupation	1	
	Mid-Atlantic Agéncy Inc.	President	t	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1085.00	
	Other (specify)	1 1		
•	Full Name (Last, First, Middle Initial) DWIGHT A. HALL			Date of Receipt
	Mailing Address 11555 North Meridian Stre	eet. Suite		M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 18020410
	Carmel	IN	46032-6945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Sagamore Health Network	Occupation	1	7
	Sagamore Health Network Inc.	Business	Development Executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	340.00	
	Other (specify)		0.000	
s	UBTOTAL of Receipts This Page (optional)			175.00
			•	
Т	OTAL This Period (last page this line number only	/)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/140
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	v information copied from such Reports and State	ements may	not be sold or used by any perso	
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwrite	ers PAC (	HUPAC)	
	Full Name (Last, First, Middle Initial)			
۹.	ZAVEN KAZAZIAN			Date of Receipt
	Mailing Address 35 North Lake Avenue, S	uite 720		11 30 2006
	City	State	Zip Code	Transaction ID: 18020412
	Pasadena	CA	91101-1856	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.	<u></u>		83.00
	Name of Employer Garner Insurance Services	Occupation	1	7
	Garner Insurance Services	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	890.00	
	Cuter (speeliy)		0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
3.	WILLIAM Ben KEEL	. 1		Date of Receipt
	Mailing Address 22318 Provincial Bouleva	11 30 2006		
	City	State	Zip Code	Transaction ID: 18020413
	Katy	TX	77450-1622	Amount of Each Receipt this Period
	FEC ID number of contributing	С		30.00
	federal political committee.			00.00
	Name of Employer Financial & Insurance Con-	Occupation	1	7
	sults	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	240.00	
	Other (specify)			
_	Full Name (Last, First, Middle Initial)			But of Busine
٠.	CARLA MAGARITY  Mailing Address 20301 Ventura Blvd, Suite	0.210		Date of Receipt
	ZOSOT VEHILITA BIVU, SUIT	e 310		11 30 2006
	City	State	Zip Code	Transaction ID: 18020415
	Woodland Hills	CA	91364-0940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	rederal political committee.			
	Name of Employer Time Employee Benefits	Occupation		
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	4
	Primary General	Aggregate	rear-to-Date V	
	Other (specify) ▼		235.00	
_				125.00
S	JBTOTAL of Receipts This Page (optional)		<u> </u>	123.00

S	CHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 19 / 140
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		LULDAO)	
$\angle$	National Association of Health Underwr	iters PAC (	HUPAC)	
A.	Full Name (Last, First, Middle Initial) RYAN R. MCDERMOTT			Date of Receipt
	Mailing Address 883 West Baxter Drive			11 30 2006
	City	State	Zip Code	Transaction ID: 18020417
	South Jordan	UT	84095-8506	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer McDermott Company & Assoc-	Occupation Insurance		
	iates Receipt For:		Year-to-Date <b>V</b>	
	Primary General	Aggregate	Teal-to-Date V	1
	Other (specify)		420.00	
			0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) JEFFREY R. MILES			Date of Receipt
	Mailing Address 578 Washington Blvd.,	#801		M M / D D / Y Y Y Y
		11 30 2006		
	City	State	Zip Code	Transaction ID: 18020419
	Marina del Rey	CA	90292-5442	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.	0		
	Name of Employer	Occupation	1	
	The Miles Organization Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		680.00	
	Other (specify) ▼			
<u> </u>	Full Name (Last, First, Middle Initial) RON J. NEZAT			Date of Receipt
<b>J</b> .	Mailing Address PO Box 91180			M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 18020420
	Lafayette	LA	70509-1180	Amount of Each Receipt this Period
	FEC ID number of contributing			85.00
	federal political committee.	C		03.00
	Name of Employer Global Financial Resources	Occupation		
	Inc.	Insurance		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	740.00	
	☐ Other (specify) ♥			1
6	UBTOTAL of Receipts This Page (optional)			200.00
$\vdash$	ODITAL OF HOOGIPES THIS Lage (Optional)			

S	CHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 20 / 140
·			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and S	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underw	riters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) BRIAN URBAN			Date of Receipt
	Mailing Address P. O. Box 706			1 1 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 18020426
	Boys Town	NE	68010-0706	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer Corporate Resource Group	Occupation Insurance		7
	Inc. Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		280.00	
				1
В.	Full Name (Last, First, Middle Initial) THOMAS L VOITER			Date of Receipt
	Mailing Address 100 Amaryllis Drive			1 1 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 18020427
	Lafayette	LA	70503-3215	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		80.00
	Name of Employer Physician's Mutual Insura-	Occupation		
	ncé	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		880.00	
	Other (specify)		1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) DAN WEBB			Date of Receipt
٠.	Mailing Address 2108 24th St Ste 2			M M / D D / Y Y Y Y
	2100 24(1) 0( 0(0 2			11 30 2006
	City	State	Zip Code	Transaction ID: 18020428
	Bakersfield	CA	93301-3748	Amount of Each Receipt this Period
	FEC ID number of contributing			85.00
	federal political committee.	C		03.00
	Name of Employer The Webb Insurance Group	Occupation Marketing	n g Manager	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		690.00	1
	Other (specify)		680.00	
_				
				105.00
S	UBTOTAL of Receipts This Page (optional)		······	195.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 140 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)	
<u>/</u> З.	Full Name (Last, First, Middle Initial) RICHARD E. WHEELER  Mailing Address 617 Highway 71, Building City Brielle  FEC ID number of contributing federal political committee.  Name of Employer Richard E. Wheeler Insurance Services Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) RICHARD P COBURN  Mailing Address 19 Minor Court  City San Rafael  FEC ID number of contributing federal political committee.  Name of Employer Word & Brown	2-6 State NJ C Occupation Insurance	Zip Code 08730-1838 n e Agent 260.00 Zip Code 94903-3716	Date of Receipt  Transaction ID: 18020429  Amount of Each Receipt this Period  30.00  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)		e Agent • Year-to-Date ▼ 320.00	
<b>D.</b>	Kaisar Parmananta	State GA  C  Occupation Insurance		Date of Receipt  M M M / 30 / 2006  Transaction ID: 18020438  Amount of Each Receipt this Period  50.00
s	UBTOTAL of Receipts This Page (optional)			110.00
T	OTAL This Period (last page this line number only	v)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 140
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Health Unde	rwriters PAC (	HUPAC)	
Full Name (Last, First, Middle Initial) <b>A.</b> TERESA F DEBRUIN			Date of Receipt
Mailing Address 5880 Live Oak Park Suite 230	way		111 / 30 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18020439
Norcross	GA	30092-2188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer DeBruin Benefit Services	Occupation		
Inc./ AA LaR	Insurance		
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		430.00	
Full Name (Last, First, Middle Initial)  RICK G DYE			Date of Receipt
Mailing Address 5910 Toole Drive, Su	1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 18020441
Knoxville	TN	37919-4178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Target Benefits Company	Occupation	n	-
Target Benefits Company	Insurance	e Agent	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	270.00	
Full Name (Last, First, Middle Initial)  C. DONALD W. GARLITZ			Date of Receipt
Mailing Address PO Box 50706			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18020442
Provo	UT	84605-0706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer FirstWest Benefit Solutio-	Occupation		
ns Insu		e Agent e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼		240.00	
SUBTOTAL of Receipts This Page (optional)	1		90.00
			-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 140
ITEMIZED RECEIPTS		or each category of the		(check only one)
TI EIWIZED TIEGEII 10			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) NICOLE Ellyce GUNIA			Date of Receipt
	Mailing Address 354 Eisenhower Parkwa Suite 2850	ıy		11 1 30 4 2006
	City	State	Zip Code	Transaction ID: 18020445
	Livingston	NJ	07039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Benefitmall	Occupation	1	7
	Benefitmali	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		215.00	
	Other (specify)	0 0	210.00	
В.	Full Name (Last, First, Middle Initial) BRENT G. JONES			Date of Receipt
	Mailing Address 1787 Tribute Road, Suite E			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID: 18020446		
	Sacramento	CA	95815-4404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Integrity Administrators	Occupation		7
	Inc.	President		_
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		240.00	
<u> </u>	Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY			Date of Receipt
	Mailing Address 120 East Washington St	treet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18020450
	Plymouth	IN	46563-1744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer KL Benefits	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify) ▼		995.00	
Г	I			125.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	123.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 140 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrit	ers PAC (	HUPAC)	
<b>A</b> .	National Association of Health Underwriters PAC (HUPAC)  Full Name (Last, First, Middle Initial)  KENNY L MASON  Mailing Address 1224 South River Road, Suite A-203  City State Zip Code  Saint George UT 84790-8318  FEC ID number of contributing federal political committee.  Name of Employer Southern Utah Insurance  Receipt For: Occupation Insurance Agent  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  ALINE H. ROBERTS  Mailing Address 3537 Old Conejo Road Suite 114  City State Zip Code  Newberry Park  CA 91320			Date of Receipt    M   M   30
	federal political committee.  Name of Employer Insurance Dimensions  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Insurance Aggregate		
<b>D.</b>	Full Name (Last, First, Middle Initial) VIRGINIA D. SAFFORD  Mailing Address 5753 North River Road  City  Waterville  FEC ID number of contributing federal political committee.  Name of Employer Group Health Benefits  Receipt For:  Primary General Other (specify)	State OH C Occupation Insurance Aggregate		Date of Receipt  M M M / 30 / 2006  Transaction ID: 18020461  Amount of Each Receipt this Period  30.00
s	UBTOTAL of Receipts This Page (optional)		······•	220.00
T	OTAL This Period (last page this line number on	lv)		

COUEDING A /FFC Form 2V)				FOR LINE NUMBER: PAGE 25 / 140
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δ,	y information copied from such Reports and Sta	atamanta mai	y not be cold or used by any nores	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
	National Association of Health Underwr	itoro BAC (	LI IBAC)	
$\angle$	National Association of Health Onderwi	ileis PAC (	HUFAC)	
Α.	Full Name (Last, First, Middle Initial) GREG J. SEIFERT			Date of Receipt
Α.				<del>-</del>
	Mailing Address PO Box 189 916 Main Street			11 30 2006
	City	State	Zip Code	Transaction ID: 18020464
	Vancouver	WA	98666-0189	Amount of Each Receipt this Period
		1171	56666 6.66	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Biggs Insurance Services	Occupation	1	7
		Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify)	0 0	750.00	
В.	Full Name (Last, First, Middle Initial) DAVID C. SMITH			Date of Receipt
	Mailing Address 1218 Broad Street			1 1 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	
	Durham	NC	27705	Transaction ID: 18020465
		INO	21103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
				_
	Name of Employer Benefits & Insurance Law	Occupation		
	Center	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	280.00	
	Other (specify)	1 1		J.
_	Full Name (Last, First, Middle Initial)			
C.	PAUL E. SMITH			Date of Receipt
	Mailing Address 124 Washington Street			M M / D D / Y Y Y Y
	City	State	Zip Code	11 30 2006
	Middletown	CT	2ιρ Code 06457-2820	Transaction ID: 18020466
		UI .	00437-2820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer	Occupation	า	$\dashv$
	Name of Employer AmeriBen Alliance LLC	Insurance		
	Receipt For:		Year-to-Date ▼	_
	Primary General	33. 39410	· · · · · · · · · · · · · · · · · · ·	1 I
	Other (specify) ▼		940.00	
				1
s	UBTOTAL of Receipts This Page (optional)			165.00
$\vdash$				-

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 140 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)	
<b>A</b> .	Statz & Accociátos	State OH C Occupation Insurance Aggregate		Date of Receipt  M M M / 30 / 2006  Transaction ID: 18020467  Amount of Each Receipt this Period  30.00
3.	Full Name (Last, First, Middle Initial) WENDY VANDERWATER Mailing Address 515 West Southwest Loop City	Date of Receipt    M		
	Tyler  FEC ID number of contributing federal political committee.	TX C	75701-9455	Amount of Each Receipt this Period 30.00
	Threlkeld & Company Incur-	Occupation Insurance Aggregate		
<b>)</b> .	Full Name (Last, First, Middle Initial) BARRY W WILSON Mailing Address 8523 S. Winston Avenue	Date of Receipt  1 1 3 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: 18020470
	Tulsa  FEC ID number of contributing federal political committee.	OK C	74137-1915	Amount of Each Receipt this Period  20.00
	Wileon Incurance Group	Occupation Insurance		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
s	UBTOTAL of Receipts This Page (optional)			80.00
Т	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 140
	•	Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) ERIC S. TOWNSEND			Date of Receipt
	Mailing Address 1658 Presto Avenue			1 1 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 18021418
	Indianapolis	IN	46224-5640	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer Mutual of Omaha	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0	1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) THOMAS R BELDING			Date of Receipt
	Mailing Address 10917 Old River Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18021419
	Edmond	OK	73013-8382	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	Name of Employer	Occupation	1	
	Professional Réinsurance Marketing Ser	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		220.00	1
	Other (specify)		220.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Daggint
٥.	JAMES C BOSIER  Mailing Address P.O. Box 1230			Date of Receipt
	F.O. Box 1230			11 30 2006
	City	State	Zip Code	Transaction ID: 18021420
	Waterloo	IA	50704-1230	Amount of Each Receipt this Period
	FEC ID number of contributing			85.00
	federal political committee.	C		03.00
	Name of Employer Net Worth Advisors	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		F7F.00	1
	Other (specify) ▼		575.00	
_				
				125.00
S	UBTOTAL of Receipts This Page (optional)		······	135.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 140
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) RUSH DAVID DIXON			Date of Receipt
	Mailing Address 1375 Piccard Drive			1 1 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 18021423
	Rockville	MD	20850-4311	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer Early Cassidy and Schilli-	Occupation VP of Fm	n Iployee Benefits	7
	ng Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	1100.00	
				1
В.	Full Name (Last, First, Middle Initial) CHRIS HARRISON			Date of Receipt
	Mailing Address 921-C South McPherson	n Church Road		M M / D D / Y Y Y Y
		11 30 2006		
	City	State	Zip Code	Transaction ID: 18021425
	Fayetteville	NC	28303-5368	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	ı	
	Ebenconcepts Company	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1650.00	1
	Other (specify)	0 0	1000.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	HUGH HENDRICKSON  Mailing Address 1019 Pacific Ave. Suite	1110		Date of Receipt
	Walling Address 1019 Facilic Ave. Suite	11 30 2006		
	City	State	Zip Code	Transaction ID: 18021426
	Tacoma	WA	98402-4468	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Employer Strategic Employee Benefit	Occupation		
	Services	Insurance		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		330.00	
	Caron (opcony)	1	0 0 0 0 0 0 0	1
,	UBTOTAL of Receipts This Page (optional)			370.00
$\vdash$	ODITION OF THEOERIES THIS Page (Optional)			
				and the second s

S	CHEDULE A (FEC Form 3X)		Llaa aanarata aahadula(a)	FOR LINE NUMBER: PAGE 29 / 140	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
					7
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
<u> </u>	NAME OF COMMITTEE (In Full)	inc and add	ress or any political committee to	Solicit Contributions from Sacri Committee.	$\dashv$
\	National Association of Health Underwrit	ore DAC (	LI IDAC)		
/	National Association of Fleatin Onderwrit	eis PAC (	HOPAG)		
	Full Name (Last, First, Middle Initial)				_
۹.	SANDRA JOHNSON			Date of Receipt	
	Mailing Address 12500 Network Blvd, # 4	03		11 30 2006	
	City	State	Zip Code	Transaction ID: 18021428	
	San Antonio	TX	78249-3310	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1 1		1
	federal political committee.	C		30.00	l
	V (5.1	<u> </u>		_	
	Name of Employer Hairston Johnson & Assoc-	Occupation Insurance			
	iates PLLC Receipt For:		Year-to-Date ▼	$\dashv$	
	Primary General	riggregate	Total to Buto ¥		
	Other (specify) ▼		305.00		
	Full Name (Last, First, Middle Initial)				
3.	CLAUDIA MACIUK			Date of Receipt	
	Mailing Address 2040 Terry Street, Suite	101		11 30 2006	
	City	State	Zip Code	Transaction ID: 18021431	
	Longmont	CO	80501-1890	Amount of Each Receipt this Period	_
	FEC ID number of contributing		1 1 1 1 1 1		1
	federal political committee.	C		10.00	ı
	Name of Employee	0		-	
	Name of Employer Volk & Associates Insuran-	Occupation Broker	I		
	ce Agency In Receipt For:		Year-to-Date ▼	-	
Primary General		7.99.094.0			
	Other (specify) ▼		235.00		
_	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt	
٠.	Mailing Address 17 North Delmorr Avenue	`		M M / D D / Y Y Y Y	
	Maining Address 17 North Delinon Avenue	-		11 30 2006	
	City	State	Zip Code	Transaction ID: 18021436	
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period	_
	FEC ID number of contributing	C		100.00	1
	federal political committee.			100.00	
	Name of Employer	Occupation	1	┪	
	Avanti Benefits Corp	President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		920.00		
	Other (specify) ▼		920.00		
					_
_				140.00	
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	170.00	1
					1

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 140
·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		.,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underwi	riters PAC (	(HUPAC)	
Full Name (Last, First, Middle Initial) <b>A.</b> KERRY D ALDRIDGE	Date of Receipt		
Mailing Address 1501 N. Limestone, Sui	11 30 7 2006		
City	State	Zip Code	Transaction ID: 18038088
Lexington	KY	40505-3200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer CKBS Insurance Group	Occupatio Insuranc		
Receipt For:		e Year-to-Date ▼	
Primary General	1 1	00000	1
Other (specify) ▼	0 0	880.00	
Full Name (Last, First, Middle Initial) RICK D. BAILEY			Date of Receipt
Mailing Address 4390 Earney Road, Sui	1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 18038091
Woodstock	GA	30188-5687	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Rick Bailey & Company In-	Occupatio Insuranc		
c. Receipt For:	_	e Year-to-Date <b>V</b>	
Primary General	00 0		1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial)  C. ROBERT J BISHOP			Date of Receipt
Mailing Address 2785 East Desert Inn Rd., # 134			11 30 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18038095
Las Vegas	NV	89121-3623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer KIA Insurance	Occupatio Insuranc		
Receipt For:		e Year-to-Date ▼	
Primary General	33 - 3		1
Other (specify) ▼	0 0	840.00	
			194.00
SUBTOTAL of Receipts This Page (optional)		·····	194.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 140 (check only one)
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underwri	iters PAC (	HUPAC)	
Full Name (Last, First, Middle Initial) DONALD J BOOTH			Date of Receipt
Mailing Address 8711 Plantation Lane, S			111 30 7 2006
City	State	Zip Code	Transaction ID: 18038097
Manassas	VA	20110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Capital Group Benefits	Occupation Partner	n	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	
Full Name (Last, First, Middle Initial)  3. SHAWN F BRASHEARS	Date of Receipt		
Mailing Address 110 Old Padonia Road,	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 18038099
Cockeysville	MD	21030-4949	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer Compensation Concepts	Occupation Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	
Full Name (Last, First, Middle Initial)  Sydney Briley			Date of Receipt
Mailing Address 605 E Van Buren Street			1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18038100
Broken Arrow	OK	74011-7261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Employee Benefit Solutions Inc.	Occupation Benefits	n Consultant	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify) ▼		255.00	
SUBTOTAL of Receipts This Page (optional)	50.00		
TOTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 140
ITEMIZED RECEIPTS			or each category of the  Detailed Summary Page	(check only one)
				X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	(HUPAC)	
A.	Full Name (Last, First, Middle Initial) ELEANOR BROCKHURST			Date of Receipt
	Mailing Address 1212 East Osborn Road	11 30 2006		
	City	State	Zip Code	Transaction ID: 18038101
	Phoenix	AZ	85014-5533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Brockhurst & Associates	Occupation		
	Inc. Receipt For:	-	e Year-to-Date ▼	
	Primary General		202.02	1
	Other (specify) 🔻	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) THOMAS A. BRYON			Date of Receipt
	Mailing Address 9820 Metcalf Ave., # 11	1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 18038102
	Overland Park	KS	66212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer SS&G and Associates Inc.	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		310.00	1
	Other (specify)	0 0	310.00	
C.	Full Name (Last, First, Middle Initial) JIMMY G CHANDLER			Date of Receipt
	Mailing Address 10 Oriole Glen			11 30 7 9 9 9
	City	State	Zip Code	Transaction ID: 18038105
	Swannanoa	NC	28778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Health & Disablity Specia-	Occupation		
	lists Receipt For:		e Year-to-Date <b>V</b>	
	Primary General	gg. ogall	- : : : : : : : : : : : : : : : : : : :	1
	Other (specify) ▼	0 0	350.00	
	UDTOTAL (During TU D. ( ) in			90.00
S	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 33 / 140
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
Ar	y information copied from such Reports and Si for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	National Association of Health Underw	riters PAC (	HUPAC)		
	Transmar recognition of Frodistr Cridor.		. 10. 7.0)		
_	Full Name (Last, First, Middle Initial)				
Α.	DAVID S. CLULEY			Date of Receipt	
	Mailing Address 2220 Glen Echo, SE			1 1 3 0	2006
	City	State	Zip Code	Transaction ID: 18	
	Grand Rapids	MI	49546-5521	Amount of Each Red	
	•		100 10 0021	Amount of Each Floor	· · · · · ·
	FEC ID number of contributing federal political committee.	C			30.00
	· · · · · · · · · · · · · · · · · · ·	10			
	Name of Employer PPOM	Occupation			
	Receipt For:	Insurance	e Year-to-Date <b>V</b>	_	
	Primary General	Aggregate	Teal to Bate V	1	
	Other (specify)		530.00		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 120 Wood Avenue Sou	th, Suite 30	0	1 1 3 0	2006
	City	State Zip Code		Transaction ID: 18	
	Iselin	NJ	08830-2709	Amount of Each Red	
			00000 2700	Amount of Laciffie	· · · · · · ·
	FEC ID number of contributing federal political committee.	C			20.00
		1			
	Name of Employer WellChoice	Occupation			
- · · · · · · · · · · · · · · · · · · ·		Insurance	e Year-to-Date <b>V</b>	_	
Receipt For: Aggre		Aggregate	FIEGI-IO-Date V	1	
Other (specify)			220.00		
_	Full Name (Last, First, Middle Initial)			_	
C.	ROSEMARY DEININGER			Date of Receipt	
	Mailing Address 12801 N. Central Expre	essway, Suit	te	1 1 3 0	2006
	City		Zip Code	Transaction ID: 18	
	Dallas	State TX	75243-1741	Amount of Each Red	
	FEC ID number of contributing	C		7 1111001111 01 20011 1101	<del> </del>
	federal political committee.				30.00
Woldman Prothora		Occupation	2	_	
		Account			
			Year-to-Date ▼	_	
	Primary General	199.19		1	
Other (specify) ▼		350.00			
					00.00
s	UBTOTAL of Receipts This Page (optional)				80.00
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 34 / 140
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) CLAUDIA S DODGE			Date of Receipt
	Mailing Address 2108 W. Laburnum Ave	., # 300		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18038113
	Richmond	VA	23226	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		30.00
	Name of Employer BB&T Benefit Consultants	Occupation	n les Consultant	
	of Virginia Receipt For:	1	Year-to-Date ▼	
	Primary General	7.99.094.0	1 1 1 1 1 1 1	1
	Other (specify) ▼		210.00	
В.	Full Name (Last, First, Middle Initial) NICOLE FAIRBAIRN WONNELL			Date of Receipt
	Mailing Address 14701 Cumberland Roa	M M / D D / Y Y Y Y		
				11 30 2006
	City	State	Zip Code	Transaction ID: 18038114
	Noblesville	IN	46060-8715	Amount of Each Receipt this Period
	FEC ID number of contributing	C		30.00
	federal political committee.	<u></u>		00.00
	Name of Employer Creative Insurance Concep-	Occupation		
	ts Inc.	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		310.00	
	Other (specify) ▼	1	1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) CHARLES T GARTLAN			Date of Receipt
٠.	Mailing Address PO Box 1268			M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 18038119
	Toms River	NJ	08754-1268	Amount of Each Receipt this Period
	FEC ID number of contributing	C		40.00
	federal political committee.			70.00
	Name of Employer BenefitPort LLC	Occupation		
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General	~yyreyale	Toal-to-Date ▼	1
	Other (specify)		960.00	
				1
5	UBTOTAL of Receipts This Page (optional)			100.00
$\vdash$	aga (apitalia)			-

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 35 / 140
` ,			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common , coge	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	National Association of Health Underwri	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) GERARD R. GERSHONOWITZ			Date of Receipt
	Mailing Address 980 Broadway, Suite 60	8		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18038120
	Thornwood	NY	10594-1313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Morrell Consulting Group	Occupation	1	
	Morrell Consulting Group	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		825.00	1
	Other (specify)		823.00	
В.	Full Name (Last, First, Middle Initial) RICHARD R GIRDLER, JR			Date of Receipt
	Mailing Address 113 Seaboard Lane, Sui	ite C-170		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18038121
	Franklin	TN	37067-8281	Amount of Each Receipt this Period
	FEC ID number of contributing		0.00.020.	
	federal political committee.	C		25.00
	Name of Employer	Occupation	า	
	Cowan Benefit Services Inc.	Insurance	<u> </u>	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		275.00	1
	Other (specify)	- 1	270.00	J
— С.	Full Name (Last, First, Middle Initial) CAROLYN L GOODWIN			Date of Receipt
٥.	Mailing Address 4851 LBJ Freeway, Suit	e 800		M M / D D / Y Y Y Y
	4051 Ebb 1 reeway, Our	6 000		11 30 2006
	City	State	Zip Code	Transaction ID: 18038122
	Dallas	TX	75244-6004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	·			
	Name of Employer CBIZ Benefits & Insurance	Occupation Insurance		
	Services Receipt For:		Year-to-Date ▼	_
	Primary General	33. 294.0		1
	Other (specify) ▼		315.00	
_				
				125.00
S	UBTOTAL of Receipts This Page (optional)		······	123.00
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 140
ITEMIZED RECEIPTS		or each category of the	(check only one)
···		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underwrit	ers PAC (	HUPAC)	_
Full Name (Last, First, Middle Initial) SARAH Gunter GUNTER CANEZ			Date of Receipt
Mailing Address 7700 Broadway #201 19921 FM 2252 (zip is 78	3266)		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18038123
San Antonio	TX	78215-1824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer EFGI Insurance & Bonds	Occupation	n /Steve Jamison	
Receipt For:	•	e Year-to-Date ▼	-
Primary General Other (specify) ▼		220.00	
Full Name (Last, First, Middle Initial)  3. WALTER T. HALE			Date of Receipt
Mailing Address 211 East Church Street	1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 18038125
Morrilton	AR	72110-3419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Hawkins Insurance Agency	Occupation		
Receipt For:	Insurance Aggregate	e Year-to-Date <b>V</b>	-
Primary General			1
Other (specify) ▼	0 0	440.00	
Full Name (Last, First, Middle Initial)  5. SHEILA H HARTMAN			Date of Receipt
Mailing Address 21700 Oxnard St., # 127	0		1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18038129
Woodland Hills	CA	91367-3669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Financial Independence Co-	Occupation		
mpany Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
Primary General	, ag ogaic		1
Other (specify) ▼		1100.00	
SUBTOTAL of Receipts This Page (optional)	150.00		
TOTAL This Period (last page this line number on	ly)	<b>)</b>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 140
		or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  National Association of Health Underwr	iters PAC (	HUPAC)	
Full Name (Last, First, Middle Initial) LORI J HEADLEY			Date of Receipt
Mailing Address PO Box 14725			11 30 2006
City Portland	State OR	Zip Code	Transaction ID: 18038130
FEC ID number of contributing federal political committee.	C	97293-0725	Amount of Each Receipt this Period  30.00
Name of Employer Healthwise Insurance Plan- ning Receipt For:  Primary General Other (specify) ▼	Occupation Insurance Aggregate		
Full Name (Last, First, Middle Initial)  W RICHARD HERD  Mailing Address 883 West Baxter Drive			Date of Receipt
City South Jordan FEC ID number of contributing	State UT	Zip Code 84095-8506	1 1 3 0 2 0 0 6  Transaction ID: 18038131  Amount of Each Receipt this Period  20.00
Name of Employer McDermott Company & Associates Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Employee	e Benefits & Pensions Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial) JAIME D HERNANDEZ			Date of Receipt
Mailing Address 804 S. Bel Aire Drive  City Burbank	State CA	Zip Code 91501-1522	Transaction ID: 18038132  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31301 1322	50.00
Name of Employer Jardez Financial & Insura- nce Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
SUBTOTAL of Receipts This Page (optional)			100.00

SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 140
ITEMIZED RECEIPTS	-	or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Health Under	erwriters PAC (	HUPAC)	
Full Name (Last, First, Middle Initial) SHERI S HOKIN			Date of Receipt
Mailing Address 3330 Dundee Road,	Suite C-3		11 30 7 2006
City	State IL	Zip Code	Transaction ID: 18038135
Northbrook		60062-2328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Hokin Sternberg Insurance Services	Occupation Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial)  3. MATT B HOLCOMB			Date of Receipt
Mailing Address P.O. Box 89144			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18038136
Atlanta	GA	30305-1733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kayda Insurance Services	Occupation Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General		220.00	1
Other (specify) ▼	0 0	220.00	
Full Name (Last, First, Middle Initial)  MICHELLE S HOWARD			Date of Receipt
Mailing Address 2850 West Grand B	oulevard		1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18038137
Detroit	MI	48202-2643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Health Alliance Plan	Occupation Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General		300.00	1
Other (specify) ▼	0 0		
SUBTOTAL of Receipts This Page (optional	)	·····	80.00
TOTAL This Period (last page this line numb	per only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 140 (check only one)  X 11a 11b 11c 12
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite		· ·	
<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID S JOHNSON  Mailing Address P. O. Box 871129  City Stone Mountain  FEC ID number of contributing federal political committee.  Name of Employer David S. Johnson Insurance  Receipt For: Primary General Other (specify)		Zip Code 30087-0029  n Executive 2 Year-to-Date ▼	Date of Receipt  M M M / 30 / 2006  Transaction ID: 18038138  Amount of Each Receipt this Period  85.00
3.	Full Name (Last, First, Middle Initial) RANDY C. JOPPIE Mailing Address 5075 Cascade Road SE  City Grand Rapids  FEC ID number of contributing federal political committee.  Name of Employer Collins & Associates Corporation Receipt For: Primary General Other (specify)		Zip Code 49546  n of Employee Benefits e Year-to-Date ▼ 1100.00	Date of Receipt  M M M / 30 / 2006  Transaction ID: 18038141  Amount of Each Receipt this Period  100.00
<b>D.</b>	Full Name (Last, First, Middle Initial)  MARK D. KENNEDY  Mailing Address 1173 Brittmoore Road  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer Benefit Concepts Inc.  Receipt For:  Primary General Other (specify)	State TX  C Occupation Insurance Aggregate		Date of Receipt  M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			265.00
T	OTAL This Period (last page this line number onl	lv)	<b>)</b>	

				_		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 140			
ıт	EMIZED RECEIPTS		or each category of the	(check only one)		
• • •	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
_	A			13 14 15 16 17		
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persoderess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	National Association of Health Underwrit	ters PAC (	HUPAC)			
A.	Full Name (Last, First, Middle Initial) ROY W KERN			Date of Receipt		
	Mailing Address 1722 S Glenstone Ave S P.O. Box 10906 GS	te II		11 30 7 2006		
	City	State	Zip Code	Transaction ID: 18038144		
	Springfield	MO	65804-1516	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		20.00		
	Name of Employer Roy W Kern & Associates	Occupation Insurance				
	Receipt For:		e Year-to-Date ▼			
	Primary General			1		
	Other (specify)		220.00			
В.	Full Name (Last, First, Middle Initial) THOMAS W LANE			Date of Receipt		
	Mailing Address PO Box 5504			1 1 3 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: 18038146		
	Maryville	TN	37802-5504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		10.00		
	Name of Employer NAHU	Occupation				
	Receipt For:		Year-to-Date ▼	_		
	Primary General	39 - 3		1		
	Other (specify) ▼		235.00			
<u> </u>	Full Name (Last, First, Middle Initial) ROBERT M LAY			Date of Receipt		
	Mailing Address 3112 Forest Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 18038148		
	Fort Worth	TX	76112-7002	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Lay & Williams Insurance	Occupation	n	7		
	Services	Insuranc	e Agent			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		275.00	1		
	Other (specify) ▼		275.00			
s	UBTOTAL of Receipts This Page (optional)			55.00		
$\sqsubseteq$						

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 41 / 140
	•	Use separate schedule(s) or each category of the		(check only one)
IT	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and St.	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	National Association of Health Underwi	iters PAC (	HUPAC)	
	Transfer 7 to obtain of 1 feath of order wi	1010 1 710 (	1101 710)	
	Full Name (Last, First, Middle Initial)			
A.	RONALD M LEVINE			Date of Receipt
	Mailing Address 3965 Johns Creek Ct.,	Suite- A		M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 18038150
	Suwanee	GA	30024	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.	C		30.00
	Name of Employer ARINSO International	Occupation		
			sident of Sales, SE	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		390.00	
	Other (specify)	0 0	390.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1851 E. First			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Suite 1100			11 30 2006
	City	State	Zip Code	Transaction ID: 18038152
	Orange	CA	92868-1538	Amount of Each Receipt this Period
	FEC ID number of contributing	С		30.00
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	<u> </u>	<del>-</del>
	Kaiser Permanente	Manager		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	7 1991 09410	Tour to Buto V	1
	Other (specify) ▼		330.00	
	Caller (openity) V	0 0		
	Full Name (Last, First, Middle Initial)			
C.	SUSAN TULLIS LUVISI			Date of Receipt
	Mailing Address 1665 San Marco Bouley	/ard		M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 18038153
	<u>Jacksonville</u>	FL	32207-3001	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.	C		20.00
	Name of Employer James F. Tullis & Associa-	Occupation		
	tes Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	220.00	
	Other (specify)		220.00	1
_				
				80.00
S	UBTOTAL of Receipts This Page (optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 140 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) NICHOLAS S. MASSEI, JR Mailing Address 832 Humewick Way  City Sunnyvale  FEC ID number of contributing federal political committee.  Name of Employer Massei Insurance Services Agency Receipt For:  Primary General Other (specify)	State CA C C Occupation Insurance Aggregate		Date of Receipt  M M M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	EhonConconte Company	State NC C Occupation Insurance	Zip Code 27438-8248	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Full Name (Last, First, Middle Initial) JOHN R MCCONNAUGHEY  Mailing Address PO Box 805  City West Chester  FEC ID number of contributing federal political committee.  Name of Employer JRM & Associates Agency Inc  Receipt For: Primary General Other (specify)	State OH C Occupation Insurance Aggregate		Date of Receipt  M M M / 30 / 2006  Transaction ID: 18038158  Amount of Each Receipt this Period  30.00
s	UBTOTAL of Receipts This Page (optional)			145.00
T	OTAL This Period (last page this line number only	v)	<b>_</b>	

COUEDING A /FEC Form 2V)				FOR LINE NUMBER: PAGE 43 / 140		
3	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)		
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	ny information copied from such Reports and St	ataments may	, not be sold or used by any pers			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	National Association of Health Underwin	riters PAC (	HUPAC)			
Α.	Full Name (Last, First, Middle Initial) DANIEL W. MCMAHON			Date of Receipt		
Α.	Mailing Address 123 East 2nd Avenue			<u> </u>		
	Maining Address 123 East 2110 Avenue			11 30 2006		
	City	State	Zip Code	Transaction ID: 18038159		
	Spokane	WA	99202-1504	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		50.00		
	Name of Employer Jones & Mitchell Insurance	Occupation Benefits		7		
	Receipt For:		e Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼	1	590.00			
В.	Full Name (Last, First, Middle Initial) PATRICIA MILLER			Date of Receipt		
	Mailing Address PO Box 8357			M M / D D / Y Y Y Y		
				11 30 2006		
	City	State	Zip Code	Transaction ID: 18038160		
	Tyler	<u>TX</u>	75711-8357	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		20.00		
	federal political committee.					
	Name of Employer	Occupation	n	┥		
	Name of Employer Hibbs-Hallmark & Company	Insurance				
	Receipt For:		e Year-to-Date ▼			
	Primary General		145.00	1		
	Other (specify) ▼		445.00			
	Full Name (Last, First, Middle Initial)					
C.	LINDA J NEW			Date of Receipt		
	Mailing Address P. O. Box 28543			1 1 3 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: 18038162		
	Austin	TX	78755-8543	Amount of Each Receipt this Period		
	FEC ID number of contributing			00.00		
	federal political committee.	C		20.00		
	Name of Employer	Occupation		7		
	New Insurance Benefits	Insurance				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		220.00	1		
	Other (specify)		220.00			
_						
				90.00		
s	UBTOTAL of Receipts This Page (optional)			90.00		
$\vdash$				-		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 140
IT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
Any information copied from such Reports and Statements may			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwrite	ers PAC (	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) FRANK R NOVY			Date of Receipt
	Mailing Address 21238 Woodview Circle			11 30 7 2006
	City	State	Zip Code	Transaction ID: 18038165
	Strongsville	OH	44149-9261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Qualified Administrative Services Inc	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General		270.00	
	Other (specify) ▼	0 0		
3.	Full Name (Last, First, Middle Initial) NICHOLAS Alan OGDEN			Date of Receipt
	Mailing Address PO Box 3725			11 30 7 9 9 9
	City	State	Zip Code	Transaction ID: 18038167
	Wilmington	NC	28406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer David Hill and Associates	Occupation		
	INC Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General	7.199.094.10		
	Other (specify) ▼		220.00	
Э.	Full Name (Last, First, Middle Initial) JESSE A PATTON			Date of Receipt
	Mailing Address 1112 Maple Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18038170
	West Des Moines	IA	50265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Associations Marketing Gr-	Occupation		
	oup Inc. Receipt For:	CEO/Pre	sident • Year-to-Date <b>V</b>	-
	Primary General	55. 59410		
	Other (specify) ▼		2835.00	
s	UBTOTAL of Receipts This Page (optional)			275.00
_				
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 45 / 140		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c   12	
				13 14	15 16 17	
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of solicitions from s	ling contributions such committee.	
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111			
$ \rangle$	National Association of Health Underwr	iters PAC (	HUPAC)			
_	Full Name (Last, First, Middle Initial)					
Α.	SUSAN Maley RASH			Date of Receipt		
	Mailing Address 2108 West Laburnum A	venue, Sui	te 3	11 30	2006	
	City	State	Zip Code	Transaction ID: 18		
	Richmond	VA	23227-4300	Amount of Each Re		
	FFO ID according of a catallaction		20227 4000	Amount of Lacritte	1 1 1 1	
	federal political committee.	C			50.00	
		1-				
	Name of Employer BB&T Benefit Consultants	Occupation				
	of Virginia Receipt For:	Vice Pres	e Year-to-Date ▼	_		
	Primary General	Aygregate	: Teal-10-Date V	1		
	Other (specify)		550.00			
				1		
	Full Name (Last, First, Middle Initial)					
В.	JON C RAUSER			Date of Receipt		
	Mailing Address 400 East Wisconsin Av	enue, # 200	)	M M / D D D 1 1 1 3 0	2006	
	City	State	Zip Code			
	Milwaukee WI		53202-4499	Transaction ID: 18038179  Amount of Each Receipt this Period		
		VVI	55202-4499	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			170.00	
	Name of Employer The Rauser Agency Inc.	Occupation				
		Insurance				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)	' '	1870.00			
	curs. (epselly) 🔻	0 0	1 1 1 1 1 1 1	1		
_	Full Name (Last, First, Middle Initial)					
C.	WILLIAM D ROBINSON			Date of Receipt		
	Mailing Address 739 East Jackson Stree	et		M M / D D D 1 1 1 3 0	2006	
	City	State	Zip Code	Transaction ID: 18		
	Martinsville	IN	46151-2033	Amount of Each Re		
			40101 2000	Amount of Lacif Re	ceipt triis renod	
	FEC ID number of contributing federal political committee.	C			30.00	
	·					
	Name of Employer American Community Mutual	Occupation				
	Insurance	Insurance	e Agent e Year-to-Date ▼	_		
	Receipt For: Ag Primary General		rear-to-Date ▼	,		
Other (specify)			320.00			
				'		
	-					
s	UBTOTAL of Receipts This Page (optional)				250.00	
	, ,		•	-		
T	OTAL This Period (last page this line number o					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 140 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial)  EDWARD L. ROLING  Mailing Address 343 Six Forks Road  City  Raleigh  FEC ID number of contributing federal political committee.  Name of Employer Delta Dental of North Carolina Inc.  Receipt For:  Primary General  Other (specify)   Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	The Puggier's Group IIC	State NJ C Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>-</b> .	Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO Mailing Address 357 Sanford Drive  City Morganton  FEC ID number of contributing federal political committee.  Name of Employer Flexible Benefit Management Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt  M M M / 30 / 2006  Transaction ID: 18038189  Amount of Each Receipt this Period  50.00
s	UBTOTAL of Receipts This Page (optional)		·····	130.00
т	OTAL This Period (last page this line number only	v)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE N	JMBER:	PAGE 47 / 140
			Use separate schedule(s) or each category of the	(check only o	ne)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
			Detailed Guillinary Fage	13	14	15 16 17
An	y information copied from such Reports and Stater	ments may	not be sold or used by any perso	n for the purpos	e of solicit	ing contributions
or	for commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributi	ons from s	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Health Underwriter	rs PAC (	HUPAC)			
	Full Name (Last, First, Middle Initial)					
۹.	ALFONSO C. SCHIEBEL			Date of Re	eceipt	
	Mailing Address 200 Sandy Springs Pl., # 3	300A		1 1 1	30	2006
	City	State	Zip Code	Transaction		
	Atlanta	GA	30328-5918			ceipt this Period
		<u>un</u>	30020 3310	Amount of	Lacii ne	Selpt tills Fellou
	FEC ID number of contributing federal political committee.	С				33.00
	Name of Employer Ashford Advisors Inc.	Occupation	1	1		
	Ashford Advisors Inc.	nsurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	483.00			
	Other (specify) ▼		+00.00			
_	Full Name (Last, First, Middle Initial)			Data of Da		
3.	MEL A SCHLESINGER  Mailing Address - DO Boy 20100			Date of Re		
	Mailing Address PO Box 30100		1 1 1	30	2006	
	City	Zip Code	Transaction	on ID: 18		
	Winston Salem	NC	27130-0100			ceipt this Period
	FEC ID number of contributing				1 1	· · · · · ·
	federal political committee.	C			1 1	85.00
	Name of Employer	) · · · + i - · ·		_		
	The Dainmakeré Group Inc	Dccupatior nsurance				
			Year-to-Date ▼	_		
	Primary General	Aggregate	Total to Date 🔻			
	Other (specify)		1045.00			
				'		
	Full Name (Last, First, Middle Initial) JAMES D SCHULZ			Date of Re	eceint	
	Mailing Address 7101 S. 82nd St.			M M /	D D	/ <b>Y Y Y Y</b>
	7 10 1 C. CZNG Ct.			1 1	3 0	2006
	City	State	Zip Code	Transactio	on ID: 18	038193
	Lincoln	NE	68516-6574	Amount of	Each Re	ceipt this Period
	FEC ID number of contributing	С				80.00
	federal political committee.	<u> </u>				00.00
	Name of Employer Condition of Employer Midlands Financial Benefi-	Occupation	1			
	Midlande Financial Renefi-	nsurance				
		Aggregate	Year-to-Date ▼			
	Primary General	1 1	200.00			
	Other (specify) ▼		880.00			
_	UDTOTAL (D. 11. TU. 5 /					198.00
S	UBTOTAL of Receipts This Page (optional)		······			100.00
т,	OTAL This Period (last page this line number only)	١				
- 1 '	This I drive (last page this line number only)	,	······································			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 140			
ITEMIZED RECEIPTS		or each category of the	(check only one)				
•••	LIMIZED RECEIL 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17			
Δr	ny information copied from such Reports and Stateme	nte mav	not he sold or used by any nerso				
or	for commercial purposes, other than using the name	and add	lress of any political committee to	solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$  \rangle$	National Association of Health Underwriters	PAC (I	HUPAC)				
$\angle$							
Α.	Full Name (Last, First, Middle Initial) BOB G SHUPE			Date of Receipt			
۸.	Mailing Address PO Box 2344			M M / D D / Y Y Y Y			
	The state of the s			11 30 2006			
	City	State	Zip Code	Transaction ID: 18038195			
	Brentwood T	N	37024-2344	Amount of Each Receipt this Period			
	FEC ID number of contributing			50.00			
	federal political committee.	<b>'</b>		00.00			
	Name of Employer Oc ESP Inc	cupation	1	7			
	ESP Inc Ins	surance	e Agent				
		gregate	Year-to-Date ▼				
	Primary General		470.00				
	Other (specify) ▼		470.00				
_	Full Name (Last, First, Middle Initial)						
В.	,			Date of Receipt			
	Mailing Address 1626 East 203rd Street			M M / D D / Y Y Y Y			
				11 30 2006			
	•	State Zip Code		Transaction ID: 18038198			
	Westfield II	<u>N</u>	46074-9687	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	;		30.00			
	rederal political committee.						
	American Community Mutual	cupation					
	IIIS		e Agent	<u>_</u>			
	Receipt For: Ag	gregate	Year-to-Date ▼				
	Other (specify)		360.00				
	Callet (opasily) V	-					
	Full Name (Last, First, Middle Initial)						
C.	CAROL A. STEELE			Date of Receipt			
	Mailing Address 1000 South Cleveland-Mass	illon R	d,	1 1 3 0 Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 18038200			
	-	)H	44333-9204	Amount of Each Receipt this Period			
	FFC ID number of contribution						
	federal political committee.	;		20.00			
	V (5.1						
	Renefit Decides Inc	cupation	Agent				
			Year-to-Date ▼	$\dashv$			
	Primary General	1 1		1			
	Other (specify) ▼		220.00				
_							
				100.00			
S	UBTOTAL of Receipts This Page (optional)		·······	100.00			
T	FOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 140 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)	
<b>A</b> .	Black & Associátes LLC  Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt  M M M / 30 / 2006  Transaction ID: 18038205  Amount of Each Receipt this Period  10.00
3.	Taylor Incurance	State VA C Occupation President		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Thompson Accopiatos Inc	State KY  C  Occupation Insurance		Date of Receipt  M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	180.00
T	OTAL This Period (last page this line number only	v)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 50 / 140	
	TEMIZED RECEIPTS		or each category of the	(check only one)	
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a   11b	11c   12
				13 14	15 16 17
An	y information copied from such Reports and Storcommercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of solic solicit contributions from	iting contributions
<u></u>	NAME OF COMMITTEE (In Full)		are or arry point our committee to		
$  \rangle$	National Association of Health Underwi	riters PAC (	HUPAC)		
	Transfer 7 Booolanoi of Floatiff Chackwi	1110101710 (	1101 710)		
_	Full Name (Last, First, Middle Initial)				
A.	ALBERT J TRAVASOS			Date of Receipt	
	Mailing Address 2255 Glades Road, Sui	ite 420A		1 1 3 0	
	City	State	Zip Code	Transaction ID: 18	
	Boca Raton	FL	33431-7379	Amount of Each Re	
			00401 7070	Amount of Lacif A	sceipt triis renou
	FEC ID number of contributing federal political committee.				45.00
	Name of Employer John Hancock	Occupation			
	Descipt For:	Insurance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1	
	Other (specify)		1095.00		
		0 0		1	
_	Full Name (Last, First, Middle Initial)				
В.	CHARLES TROGDON			Date of Receipt	
	Mailing Address 7910 North Ingram Ave	enue, Suite 2	20	M M / D D	
	City	Ctoto	7in Codo	11 30	
	City	State CA	Zip Code	Transaction ID: 18	
	Fresno	UA	93711-5828	Amount of Each Ro	eceipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Gallagher Benefit Services	Occupation			
	·	Insurance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		530.00		
	Guisi (openily) 🔻	0 0	1 1 1 1 1 1 1	1	
_	Full Name (Last, First, Middle Initial)				
C.	PETER VINTON			Date of Receipt	
	Mailing Address 9480 Deereco Road			1 1 3 0	
	City	State	Zip Code	Transaction ID: 13	
	Timonium	MD	21093-2102	Amount of Each Re	
	FEC ID number of contributing		21000 2102	Amount of Lacif A	sceipt triis renou
	federal political committee.	C			80.00
		1.		_	
	Name of Employer Corporate Coverage LLC	Occupation			
		Insurance	e Agent e Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	rear-to-Date ▼		
	Other (specify)		880.00		
	( ) · · · // •	1			
	-				• • • • • • • • • • • • • • • • • • • •
s	UBTOTAL of Receipts This Page (optional)				155.00
$\vdash$			•	-	
T	OTAL This Period (last page this line number of				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 51 / 140	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
• • •	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b	☐ 11c ☐ 12 ☐
				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of solic solicit contributions from	iting contributions
<u></u>	NAME OF COMMITTEE (In Full)		are or arry point our committee to		
$  \rangle$	National Association of Health Underwi	ritors PAC (	HIIDAC)		
	National Association of Fleatin Onderwi	inters i AO (	Hor Ao,		
	Full Name (Last, First, Middle Initial)				
A.	M HUGHES WAREN, JR			Date of Receipt	
	Mailing Address P.O. Box 7661			M M / D D	
	Cit.	01-1-	7:- 0 - 4 -	11 30	
	City	State NC	Zip Code	Transaction ID: 18	
	Wilmington	INC	28406-7661	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	rederal political committee.				
	Name of Employer Ebenconcepts Inc.	Occupation	1		
	·	Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		440.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
В.	AMY R WEBB			Date of Receipt	
	Mailing Address 7 E. Main Street			M M / D D	/ Y Y Y Y
	Suite 200			11 30	2006
	City	State	Zip Code	Transaction ID: 18	3038214
	Moorestown	NJ	08057-3831	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			20.00
	federal political committee.				
	Name of Employer Saratoga Benefit Services	Occupation	1		
	Saratoga Benefit Services LLC.	Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-	220.00	1	
	Other (specify) ▼		220.00		
С	Full Name (Last, First, Middle Initial) KELLY J WITT			Date of Receipt	
٠.	Mailing Address 2677 N. Main St. #350			M M / D D	/ <b>Y Y Y Y</b>
	2077 W. Wall St. #000			11 30	
	City	State	Zip Code	Transaction ID: 18	8038217
	Santa Ana	CA	92705-6750	Amount of Each Re	eceipt this Period
	FEC ID number of contributing				25.00
	federal political committee.	C			23.00
	Name of Employer	Occupation	 1	_	
	LISI		Sales Manager		
	Receipt For:		Year-to-Date ▼	7	
	Primary General			1	
	Other (specify)		275.00		
					OF 00
s	UBTOTAL of Receipts This Page (optional)		······		85.00
				-	
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

				<u> </u>
S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 140
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwri	ters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) DENNIS E. WRIGHT			Date of Receipt
	Mailing Address 111 East Ludwig Road,	Suite 108		111 30 4 2006
	City	State	Zip Code	Transaction ID: 18038218
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer IntraHealth Solutions In-	Occupation Presiden		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify)	l	1115.00	
				1
В.	Full Name (Last, First, Middle Initial) JESSICA L LAGUSCH			Date of Receipt
	Mailing Address 445 Hutchinson Avenue,	Suite 240		M M / D D / Y Y Y Y
		11 30 2006		
	City	State	Zip Code	Transaction ID: 18038224
	Columbus	OH	43235-8617	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.	C		20.00
	Name of Employer UnumProvident	Occupation		
	OndiniFrovident	Account	Consultant	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		270.00	1
	Other (specify) ▼		270.00	
C.	Full Name (Last, First, Middle Initial) SUZY ALBERTS			Date of Receipt
	Mailing Address 20700 Civic Center Drive Ste 250			12 01 2006
	City	State	Zip Code	Transaction ID: 18040436
	Southfield	MI	48076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Comerica Insurance Servic-	Occupation	1	7
	Comerica Insurance Servic-	Insurance	e Agent	
	Receipt For:	1	Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	1	455.00	
				•
	<u> </u>			
5	UBTOTAL of Receipts This Page (optional)			135.00
$\vdash$	s			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 140 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwriter	rs PAC (	HUPAC)	
<b>A.</b>	Name of Employer Midlands Financial Benefits  Receipt For:  Primary  Other (specify) ▼	State NE C Decupation nsurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Name of Employer Strategies In Employee Benefits Inc.	State TX  C  Decupation nsurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Name of Employer Benefit Port  Continued to Minimize the Continued to Continue the	State FL  C  Description  C  Marketing	Zip Code 32701-7805	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	120.00
т	OTAL This Period (last page this line number only)	)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 140 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	iters PAC (	(HUPAC)	
A. 3.	Full Name (Last, First, Middle Initial)  ELIZABETH ASHMORE  Mailing Address 7606 University Avenue  City  Lubbock  FEC ID number of contributing federal political committee.  Name of Employer Ashmore Agency Inc  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial) VIRGINIA ASHTON  Mailing Address 1900 Electric Road	ame (Last, First, Middle Initial) BETH ASHMORE  J Address 7606 University Avenue, Suite B  State Zip Code TX 79423-2128  O number of contributing political committee.  Of Employer ore Agency Inc  of For:  Primary General  Other (specify)  Inaurance Agent  Aggregate Year-to-Date   1200.00  Tame (Last, First, Middle Initial)  Again ASHTON		Date of Receipt    M
	City Salem  FEC ID number of contributing federal political committee.  Name of Employer Lewis-Gale Medical Center  Receipt For: Primary General Other (specify)		Zip Code 24153-7474  n of Provider Relations e Year-to-Date ▼ 330.00	Transaction ID: 18040444  Amount of Each Receipt this Period  30.00
<b>D.</b>	Full Name (Last, First, Middle Initial) KELLY BECERRA  Mailing Address 12105 Anne St.  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer Midwest Benefit Advisors Inc. Receipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			150.00
Т	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 55 / 140
	EMIZED RECEIPTS		or each category of the	(check only one)	44. 🗆 40
•			Detailed Summary Page	X 11a 11b 14	11c   12 15   16   17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso		
or		me and add	dress of any political committee to	solicit contributions from su	ch committee.
$\setminus$	NAME OF COMMITTEE (In Full)	546			
/	National Association of Health Underwrite	ers PAC (	HUPAC)		
	Full Name (Last, First, Middle Initial)			5. (5. ).	
۹.	ANN BELL  Mailing Address 1661 Shoreline Drive, Su	ita 100		Date of Receipt	YYYY
	Maining Address 1661 Shoreline Drive, Su	ite 100		12 01	2006
	City	State	Zip Code	Transaction ID: 180	40448
	Boise	ID	83702-6746	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			15.00
	Name of Employer	Occupation	1	-	
	Higgins & Rutlédge Insura- nce Inc.	Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		330.00		
	Cities (Specify)		0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) DAVID BERMAN			Date of Receipt	
	Mailing Address 6510 N. Shadeland Aven	ue		12 01	YYYY
	City	sy State Zip Code			2006
	Indianapolis	IN	46220	Transaction ID: 180	
	FEC ID number of contributing		TOLLO	Amount of Lacif Rece	<del> </del>
	federal political committee.	C			60.00
	Name of Employer	Occupation		-	
	Name of Employer Neace Lukens Holding Company Inc.	Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General		720.00		
	Other (specify) ▼		720.00		
_	Full Name (Last, First, Middle Initial)			5	
J.	LYNNDA BERRYHILL  Mailing Address 211 North Robinson Aver			Date of Receipt	YYYY
	Mailing Address 211 North Robinson Aver One Leadership Square,			12 01	2006
	City	State	Zip Code	Transaction ID: 180	40451
	Oklahoma City	OK	73102-7109	Amount of Each Rece	eipt this Period
	FEC ID number of contributing	C			20.00
	federal political committee.				
	Name of Employer Berryhill Insurance Agency	Occupation			
	Inc.	Insurance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.	
	Other (specify)		240.00		
					95.00
S	UBTOTAL of Receipts This Page (optional)				99.00
	OBTOTAL OF Receipts This Fage (optional)				• • • • • •

COUEDING A (FEC Forms OV)				OR LINE NUMBER: PAGE 56 / 140	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Δr	ny information copied from such Reports and St.	ataments may	v not he sold or used by any ners		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	National Association of Health Underwi	riters PAC (	HUPAC)		
$\angle$					
Α.	Full Name (Last, First, Middle Initial) CHRISTINE BIZJACK			Date of Receipt	
	Mailing Address 6075 Poplar Avenue, S	uite 221		M M / D D / Y Y Y Y	
	-			12 01 2006	
	City	State	Zip Code	Transaction ID: 18040452	
	Memphis	TN	38119-0113	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Humana	Occupation	n	7	
		Insuranc			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		240.00		
	Ctrici (Specify)	1 1	0 0 0 0 0 0 0	1	
— В.	Full Name (Last, First, Middle Initial) JENNIFER BUNDY-COBB			Date of Receipt	
	Mailing Address 3000 A Street, Suite 40	0		M M / D D / Y Y Y	
				12 01 2006	
	City	State	Zip Code	Transaction ID: 18040463	
	Anchorage	AK	99501-5148	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer The Wilson Agency LLC	Occupation			
		Insuranc		_	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)		340.00		
	outer (opening) •	0 0		4	
_	Full Name (Last, First, Middle Initial)			Data of Descript	
C.	TIMOTHY BYRNE  Mailing Address 3113 West Beltline High	hway		Date of Receipt	
	West Deltine Figure	iway		12 01 2006	
	City	State	Zip Code	Transaction ID: 18040464	
	Madison	WI	53713-2830	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer	Occupation	n	┥	
	Mortenson Matzelle & Mel- drum	Insuranc	e Agent		
	Receipt For:		e Year-to-Date ▼		
	Primary General	1	200.00	7	
	Other (specify)		300.00	<u> </u>	
_					
				65.00	
S	UBTOTAL of Receipts This Page (optional)		<u>)</u>	03.00	
1					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57/140	
	TEMIZED RECEIPTS		or each category of the	(check only one)	
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17	
Ar	y information copied from such Reports and State	ments mav	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
/	National Association of Health Underwrite	ers PAC (	HUPAC)		
۹.	Full Name (Last, First, Middle Initial) B CALVIN			Date of Receipt	
	Mailing Address PO Box 101422			1 2 0 1 2 0 0 6	
	City	State	Zip Code	Transaction ID: 18040466	
	Anchorage	AK	99510-1422	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		85.00	
	Calco Inc '	Occupation Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General		040.00		
	Other (specify) ▼		940.00		
3.	Full Name (Last, First, Middle Initial) MICHAEL E. CARMEAN			Date of Receipt	
	Mailing Address PO Box 7367 2300 Whittlesey Rd Suite	Α		12 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 18040469	
	Columbus	GA	31908-7367	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		33.00	
	Paragon Markofing	Occupation			
			sident, Group Sales & Market	tin —	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	257.00		
`	Full Name (Last, First, Middle Initial) RUSSELL CHILDERS			Date of Receipt	
٥.	Mailing Address PO Box 1547			M M / D D / Y Y Y Y	
				12 01 2006	
	City	State	Zip Code	Transaction ID: 18040471	
	Americus	GA	31709-1547	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Duce Childore CLII	Name of Employer Occupation			
		Insurance		_	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		445.00		
	Culor (opcorry) •		0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)			148.00	
T	OTAL This Period (last nage this line number only	<i>(</i> )	<b>•</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 140 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite			
΄ Α.	Full Name (Last, First, Middle Initial) STEVEN CLEMENT			Date of Receipt
	Mailing Address 3010 Fenwood Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18040473
	Roswell	GA	30075-4199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer S.M.C. Consultants Inc.	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	240.00	
3.	Full Name (Last, First, Middle Initial) GEORGE CONDOS			Date of Receipt
	Mailing Address 7881 West Charleston Bl	vd. #140		12 01 2006
	City	State	Zip Code	Transaction ID: 18040476
	Las Vegas	NV	89117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Leavitt Insurance Agency	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		405.00	
— Э.	Full Name (Last, First, Middle Initial) MICHAEL DOLLINS			Date of Receipt
Mailing Address 4334 NW Expressway, Suite 2		uite 242		12 01 2006
	City	State	Zip Code	Transaction ID: 18040487
	Oklahoma City	OK	73116-6416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Dollins & Company Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
s	UBTOTAL of Receipts This Page (optional)			70.00
_	- 1 20- (-1)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 140
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δr	ny information copied from such Reports and Statem	nente may	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwriter	rs PAC (I	HUPAC)	
	Full Name (Last, First, Middle Initial)			
٩.	CYNTHIA DOUCET			Date of Receipt
	Mailing Address P. O. Box 91180			1 2 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 18040488
	Lafayette	LA	70509-1180	Amount of Each Receipt this Period
	FEC ID number of contributing	0		30.00
	federal political committee.	C		30.00
	Name of Employer Global Financial Resources	Occupation	1	7
	Inc.	nsurance	-	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	
	and (epochy) V			
_	Full Name (Last, First, Middle Initial) BETTY DOYLE			Date of Receipt
Э.	Mailing Address 108 SE 3rd, Suite A			Date of Receipt
	Too SE Sid, Suite A			12 01 2006
	City	State	Zip Code	Transaction ID: 18040491
	Moore	OK	73160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	rederal political committee.			
	Dovle Insurancé Source	Occupation		
		nsurance	e Agent Year-to-Date ▼	-
	Primary General	Aggregate	Teal-lu-Dale ▼	
	Other (specify) ▼		240.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) EUGENE EBERSOLE			Date of Receipt
	Mailing Address PO Box 2886			M M / D D / Y Y Y Y
		<u> </u>		12 01 2006
	City	State	Zip Code	Transaction ID: 18040495
	Gretna FEO ID and the second state of the seco	LA	70054-2886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer	Occupation		
Eborcolo 9 Accopiatos In		nsurance		
	Receipt For:		Year-to-Date ▼	1
	Primary General		1090.00	
	Other (specify) ▼	0 0	1030.00	
	L			
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	135.00
T	OTAL This Period (last nage this line number only)	١	<b>•</b>	

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 140 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any info	ormation copied from such Reports and Statement or property and statem	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) ional Association of Health Underwrit	ters PAC (	HUPAC)	
A. LIND Maili City Aur. FEC fede Nam L.M.	in ID number of contributing ral political committee.  The of Employer Erlenbach Inc.  The period of	l	Zip Code 44202-8438  Consultant Year-to-Date ▼ 405.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. THO Maili City Om FEC fede Nam Blue Neb	Name (Last, First, Middle Initial) MAS EVANS ing Address 7261 Mercy Rd.  aha ID number of contributing ral political committee.  the of Employer ecross Blue Shield of raska eipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt    M M M
C. DAV Maili City Rar FEC fede Nam CIM on D	Name (Last, First, Middle Initial) ID FEAR ing Address 11160 Sun Center Drive, Incho Cordova ID number of contributing ral political committee. Incho Employer S Strategic Distributi- Division eipt For: Primary General Other (specify)	State CA  C Occupation Director of	Zip Code 95670-6121 of Strategic Distribution Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	OTAL of Receipts This Page (optional)		·····	165.00
ΤΟΤΔΙ	L This Period (last page this line number on	lv)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 140			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
• • • • • • • • • • • • • • • • • • • •	II LIVIIZED RECEIP 13		Detailed Summary Page	X 11a   11b   11c   12			
				13 14 15 16 17			
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	National Association of Health Underwrite	ers PAC (	HUPAC)				
Α.	Full Name (Last, First, Middle Initial) CATHERINE FICARA			Date of Receipt			
	Mailing Address 26999 Central Park Blvd.	ling Address 26999 Central Park Blvd.					
	City	State	Zip Code	Transaction ID: 18040502			
	Southfield	MI	48076-4174	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Austin Financial Group LL- CUnited	Occupation Health In	n surance Agent	7			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		330.00	1			
	Other (specify) ▼	0 0	330.00				
В.	Full Name (Last, First, Middle Initial) LINDA FRIEDRICH			Date of Receipt			
	Mailing Address PO Box 30275	12 01 YYYYY 12006					
	City	State	Zip Code	Transaction ID: 18040504			
	Lincoln	NE	68503-0275	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	LINICO Financial Services	Occupation					
	Inc.	Insurance					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		600.00				
	Other (specify)	0 0	000.00	J			
_	Full Name (Last, First, Middle Initial) KELLY FRISTOE			Data of Descript			
C.	Mailing Address 807 8th Street, Suite 300			Date of Receipt			
	P.O. Box 4789	12 01 2006					
	City	State	Zip Code	Transaction ID: 18040505			
	Wichita Falls	TX	76308-0789	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	30.00					
	Name of Employer Financial Partners	Occupation		7			
	Receipt For:		Year-to-Date ▼	$\dashv$			
	Primary General	, iggi ogaic	Total to Bate V	1			
	Other (specify)		755.00				
Г							
s	UBTOTAL of Receipts This Page (optional)		······································	110.00			
1	<del></del>						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 140
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwrit	ers PAC (	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) BRUCE GARDNER			Date of Receipt
	Mailing Address 1502 West Avenue			12 01 2006
	City	State	Zip Code	Transaction ID: 18040507
	Austin	TX	78701-1561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Bruce Gardner Insurance & Investments	Occupation Registere	n ed Representative	
	Receipt For:		Year-to-Date ▼	
	Primary General		880.00	
	Other (specify) ▼	0 0	880.00	
3.	Full Name (Last, First, Middle Initial) JOY GARDNER			Date of Receipt
	Mailing Address 9424 Double R Blvd	12 01 2006		
	City	State	Zip Code	Transaction ID: 18040508
	Reno	NV	89521-5977	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Comstock Insurance Agenci-	Occupation		
	es Inc.	Insurance		4
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify)		235.00	
).	Full Name (Last, First, Middle Initial) JANICE GILLEY			Date of Receipt
	Mailing Address PO Box 60809			1 2 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 18040511
	Oklahoma City	OK	73146-0809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Beale Professional Servic-	Occupation Account	n Executive	
	es Receipt For:		Year-to-Date ▼	
	Primary General		215.00	
	Other (specify)	0 0	213.00	
S	UBTOTAL of Receipts This Page (optional)			105.00
т	OTAL This Period (last page this line number on	lv)		
•	This i chou (last page this line number on	· <i>y</i> / ······	······································	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 63 / 140
	· ·		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		X 11a 11b 11c 12
			Detailed Suffillary Fage	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	v information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Association of Health Underwr	iters PAC (	HUPAC)	
		,	,	
	Full Name (Last, First, Middle Initial)			
A.	MICHAEL GRAY			Date of Receipt
	Mailing Address 233 South 13th Street			M M / D D / Y Y Y Y
	Suite 1500			12 01 2006
	City	State	Zip Code	Transaction ID: 18040515
	Lincoln	NE	68508-2017	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			250.00
	Name of Employer	Occupation	2	_
	Name of Employer The Harry A. Koch Company	Insurance		
	Receipt For:		e Year-to-Date ▼	
	Primary General	Aggregate	rear-to-bate V	
	Other (specify)	' '	2880.00	
	Curior (Specify)	1 1		J.
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 7412 Karl Drive			M M / D D / Y Y Y Y
	7 TIZ Rail Billo			12 01 2006
	City	State	Zip Code	Transaction ID: 18040517
	Lincoln	NE	68516-4368	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer Senior Benefit Strategies	Occupation		
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		480.00	1
	Other (specify)	0 0	+00.00	
C.	Full Name (Last, First, Middle Initial) SHELLY HARRISON			Date of Receipt
٥.		Sto. 200		M M / D D / Y Y Y Y
	Mailing Address 9900 West 109th Street, Ste. 200			12 01 2006
	City	State	Zip Code	Transaction ID: 18040521
	Overland Park	KS	66210-1422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer UnitedHealthcare	Occupation		
			Sales Administration	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		040.00	1
	Other (specify) ▼		240.00	
_				
				200.00
s	UBTOTAL of Receipts This Page (optional)			300.00
$\vdash$			·	-

PAGE 64 / 140 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) LEESA HAYES Date of Receipt Mailing Address 9700 Ormsby Station Road 2006 12 01 Zip Code City State Transaction ID: 18040522 Louisville KY 40223-4038 Amount of Each Receipt this Period FEC ID number of contributing 20.00 C federal political committee. Name of Employer Thompson Associates Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ Receipt For: Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** LISA WETHERTON Date of Receipt Mailing Address 4180 Providence Rd 01 2006 Suite 200 City State Zip Code Transaction ID: 18040523 **Dahlonega** GA 30533 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Benefit Designs Occupation Insurance Agent Receipt For: Aggregate Year-to-Date V Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) C. TIMOTHY HENDRICKS Date of Receipt Mailing Address 1605 S Eucalyptus Ave 2006 12 0 1 Citv State Zip Code Transaction ID: 18040524 **Broken Arrow** OK 74012-5906 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer Business Planning Group Occupation Insurance Agent Of OK Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional) .....

PAGE 65 / 140 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) HUGH HENDRICKSON Date of Receipt Mailing Address 1019 Pacific Ave. Suite 1110 2006 12 01 Zip Code City State Transaction ID: 18040525 WA 98402-4468 Tacoma Amount of Each Receipt this Period FEC ID number of contributing 10.00 C federal political committee. Name of Employer Strategic Employee Benefit Occupation Insurance Agent Services Aggregate Year-to-Date ▼ Receipt For: Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** CAROLINE HESSELTINE Date of Receipt Mailing Address 7272 Wurzbach Road, Suite 104 01 2006 City State Zip Code Transaction ID: 18040526 San Antonio TX 78240-4802 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer ABC / Associated Benefit Occupation Emplyee Benefit Advisor Consultants Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) C. RICHARD HILL Date of Receipt Mailing Address 4435 O Street 2006 12 0 1 P.O. Box 30275 City State Zip Code Transaction ID: 18040529 Lincoln NE 68510-1842 Amount of Each Receipt this Period FEC ID number of contributing 60.00 C federal political committee. Name of Employer UNICO Financial Services Occupation Insurance Agent Inc. Receipt For: Aggregate Year-to-Date ▼ General Primary 720.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional) .....

SCHE	DULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 66 / 140
	ZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 1  13 14	11c
Any info	rmation copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of solici	iting contributions
	mmercial purposes, other than using the na	ame and add	aress of any political committee to	SOIICIT CONTRIBUTIONS FROM	such committee.
\	E OF COMMITTEE (In Full) onal Association of Health Underwrit	ters PAC (	HUPAC)		
<b>A.</b> ROB	Name (Last, First, Middle Initial) ERT HOLLAND, JR.			Date of Receipt	
	ng Address PO Box 698			12 01	2006
City Cen	tralia	State WA	Zip Code 98531-0698	Transaction ID: 18 Amount of Each Re	
FEC	ID number of contributing al political committee.	C			10.00
Nam Cent	e of Employer ralia General Agencies	Occupation Insurance			
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00		
	Name (Last, First, Middle Initial) YLOU HUDMAN			Date of Receipt	
Mailir	ng Address 5330 Bent Tree Forest D	1 2 D D D 1	2006		
City		State	Zip Code	Transaction ID: 18	3040539
<u>Dall</u>	as	TX	75248-3471	Amount of Each Re	eceipt this Period
	ID number of contributing ral political committee.	С			50.00
Name A Be	e of Employer nefit Source	Occupation Insurance			
Rece	ipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		640.00		
Full N	Name (Last, First, Middle Initial)			Date of Receipt	
	ng Address 4455 East Camelback R	oad, Suite	D2	M M / D D D 1 2 0 1	2006
City		State	Zip Code	Transaction ID: 18	
<u>Pho</u>		AZ	85018-2865	Amount of Each Re	eceipt this Period
	ID number of contributing al political committee.	С			20.00
	e of Employer s Financial Group		e Benefit Consultant		
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00		
SUBTO	OTAL of Receipts This Page (optional)		·····		80.00
TOTAL	. This Period (last page this line number on	ly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 140	
TEMIZED RECEIPTS			or each category of the	(check only one)	
- <del>-</del>			Detailed Summary Page	X   11a	
Any i	nformation copied from such Reports and Stat commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions	
\ N	AME OF COMMITTEE (In Full)				
$\rangle$ N	lational Association of Health Underwrit	ers PAC (	HUPAC)		
	ull Name (Last, First, Middle Initial) ERRY IVES			Date of Receipt	
М	ailing Address P O Box 3459			12 01 2006	
	ity	State	Zip Code	Transaction ID: 18040544	
	an Clemente	CA	92674-3459	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		30.00	
	ame of Employer xecutive Financial Advis- rs Inc.	Occupation Insurance			
	eceipt For:		Year-to-Date ▼		
-	Primary General Other (specify) ▼		395.00		
		0 0	0 0 0 0 0 0 0		
_	ull Name (Last, First, Middle Initial) AVID S JACKSON			Date of Receipt	
M	ailing Address 1139 South Orem Blvd.				
_	ity	State	Zip Code	Transaction ID: 18040545	
	Orem	UT	84058-6976	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		20.00	
N F	ame of Employer irstWest Benefit Solutio-	Occupation			
n: R	s eceipt For:	Insurance	e Agent Year-to-Date ▼	-	
	Primary General	1 33. 23			
	Other (specify) ▼		240.00		
	ull Name (Last, First, Middle Initial) JENSEN			Date of Receipt	
M	ailing Address 6060 South Kenton Way			12 01 YYYYY 2006	
C	ity	State	Zip Code	Transaction ID: 18040547	
_	nglewood	CO	80111	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		30.00	
N	ame of Employer	Occupation		7	
Receipt For: Insurance Aggregate Aggregate			e Agent Year-to-Date ▼	_	
[	Primary General	Aggregate	Teal-10-Date ♥		
	Other (specify) ▼		210.00		
SUE	BTOTAL of Receipts This Page (optional)			80.00	
			•		
TOT	TAL This Period (last page this line number on	ly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE N		GE 68 / 140
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only o	ne) 11b 11c 14 15	12 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpos solicit contribut	se of soliciting co ions from such o	ontributions committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (	HUPAC)			
<u>΄</u> Α.	Full Name (Last, First, Middle Initial) SUZANNE JOHNSON Mailing Address 6235 Morrison Boulevard	Suite 30	2	Date of R	eceipt	YYY
	City	State	Zip Code	1 2 Transacti	0 1 on ID: 180405	2 0 0 6 48
	Charlotte	NC	28211-3508		f Each Receipt t	
	FEC ID number of contributing federal political committee.	C				40.00
	Name of Employer Strategic Employee Benefit Services Receipt For:  Primary General Other (specify) ▼	Occupation Insurance Aggregate				
3.	Full Name (Last, First, Middle Initial) LARRY KACZMAREK Mailing Address 2633 State Route 59, Sui City	te B	Zip Code	Date of R		2 0 0 6 53
	Ravenna	ОН	44266-1684		f Each Receipt t	
	FEC ID number of contributing federal political committee.	С				100.00
	Name of Employer Kaczmarek Insurance Services Inc. Receipt For:  Primary  General  Other (specify) ▼	Occupation Insurance Aggregate				
<b>)</b> .	Full Name (Last, First, Middle Initial) THELMA KACZMAREK			Date of R	eceipt	
Mailing Address 2633 State Route 59, Suite B P O Box 345		te B		12	0 1 Y	2006
	City	State	Zip Code		on ID: 180405	
	Ravenna	OH	44266	Amount o	f Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C				100.00
Kanzmarok Inc 'Sorvings		Occupation .				
	Agency Inc.	Insurance		4		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1275.00			
s	UBTOTAL of Receipts This Page (optional)		·····		0 0 0	240.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 140 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and ado	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)	
Α.	The Harry A' Koch Company	State NE C Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) BARBARA Jean KNOX Mailing Address 111 East Ludwig Road, Suite 108			Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fort Wayne FEC ID number of contributing federal political committee.	State IN	Zip Code 46825-4240	Transaction ID: 18040557  Amount of Each Receipt this Period  30.00
	Introhooltheolutione Inc	Occupation Insurance Aggregate		
<b>.</b> .	Full Name (Last, First, Middle Initial) MARY KRAMER Mailing Address 2637 South 158th Plaza, 5	Suite 200		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City Omaha  FEC ID number of contributing federal political committee.	State NE	Zip Code 68130-1769	Transaction ID: 18040558  Amount of Each Receipt this Period  40.00
	Holmoc Murbhy and Accords	Occupation Vice Pres Aggregate		
s	UBTOTAL of Receipts This Page (optional)			150.00
T	OTAL This Period (last page this line number only	Λ)		

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 70 / 140
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
TI LIVIIZED TILOLII 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
A.	Full Name (Last, First, Middle Initial) CHARLES LINEBERGER			Date of Receipt
	Mailing Address 1536-A Union Rd			12 01 2006
	City	State	Zip Code	Transaction ID: 18040562
	Gastonia	NC	28054-2204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Benefit Partners Inc.	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		215.00	1
	Other (specify)	0 0	213.00	
В.	Full Name (Last, First, Middle Initial) CLARK LOEWE			Date of Receipt
	Mailing Address 12200 Northwest Fwy S	12 01 YYYYY 12006		
	City	State	Zip Code	Transaction ID: 18040565
	Houston	TX	77092-4927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Northwest General Insuran- ce	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	200.00	1
	Other (specify)	0 0	300.00	
c.	Full Name (Last, First, Middle Initial) KIMBERLY MARTIN			Date of Receipt
	Mailing Address 180 Charlotte Highway			12 01 2006
	City	State	Zip Code	Transaction ID: 18040572
	Asheville	NC	28803-9673	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Ebenconcepts	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	]
S	L  UBTOTAL of Receipts This Page (optional)			65.00
$\vdash$	(optional)			
Ιт	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 140	
ITEMIZED RECEIPTS			or each category of the	(check only one)
TIEMIZED RESER TO			Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Statements may				13 14 15 16 17
or	for commercial purposes, other than using the	on for the purpose of soliciting contributions as solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwi	riters PAC (	HUPAC)	
A.	Full Name (Last, First, Middle Initial) PATRICIA MARTIN			Date of Receipt
	Mailing Address 5177 Richmond Ave., #	1050		12 01 2006
	City	State	Zip Code	Transaction ID: 18040573
	Houston	TX	77056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer BenefitMall	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		210.00	1
	Other (specify)	0 0	210.00	
В.	Full Name (Last, First, Middle Initial) CAROL MATZNICK			Date of Receipt
	Mailing Address PO Box 38905	12 01 YYYYY 101 2006		
	City	State	Zip Code	Transaction ID: 18040574
	Greensboro	NC	27438-8905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer North Carolina AHU	Occupation Executive		
	Receipt For:		Year-to-Date ▼	
	Primary General		040.00	1
	Other (specify) 🔻		240.00	
C.	Full Name (Last, First, Middle Initial) DAVID MOORE			Date of Receipt
	Mailing Address PO Box 1006			12 01 2006
	City	State	Zip Code	Transaction ID: 18040583
	Burlington	NC	27216-1006	Amount of Each Receipt this Period
David R. Moore CLU & Ass- ociates Insuran		C		85.00
		Occupation		
			e Agent • Year-to-Date ▼	$\dashv$
		riggregate	Total to Bate V	1
	Other (specify) ▼	0 0	825.00	
s	UBTOTAL of Receipts This Page (optional)			125.00
$\vdash$				
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 140
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Health Underw	riters PAC (	(HUPAC)	
Full Name (Last, First, Middle Initial) WESLEY MOORE, III			Date of Receipt
Mailing Address P O Box 604			12 01 2006
City	State	Zip Code	Transaction ID: 18040584
<u>Darlington</u>	SC	29540-0604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer W P Moore Agency	Occupation Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1220.00	
Full Name (Last, First, Middle Initial)  3. JOSHUA NACE			Date of Receipt
Mailing Address 936 North 34th Street,	Suite 208		1 2 0 1 2 0 0 6
City	State	Zip Code	Transaction ID: 18040590
Seattle	WA	98103-8869	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Dental Health Services	Occupation		
Inc. Receipt For:		sident Sales & Service e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	360.00	
Full Name (Last, First, Middle Initial)  MICHAEL NORRIS			Date of Receipt
Mailing Address PO Box 999 295 E Palmer Street			12 01 2006
City	State	Zip Code	Transaction ID: 18040598
Franklin	NC	28744-0999	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Wayah Insurance Agency	Occupation Account	n Executive	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	445.00	
SUBTOTAL of Receipts This Page (optional)			160.00
. 3 (17)			
TOTAL This Period (last page this line number	only)	<b>&gt;</b>	

C				FOR LINE NUMBER: PAGE 73 / 140
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
_				
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwin	riters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) THERESA OLSON			Date of Receipt
	Mailing Address P. O. Box 21479			12 01 2006
	City	State	Zip Code	Transaction ID: 18040599
	Keizer	OR	97307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Baglien-Olson Insurance	Occupation Independ	n lent Agent	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)		300.00	
— В.	Full Name (Last, First, Middle Initial) JOHN PARKER			Date of Receipt
٥.	Mailing Address 47 Laurel Hill Drive			M M / D D / Y Y Y Y
	The management of the control of the			12 01 2006
	City	State	Zip Code	Transaction ID: 18040602
	Niantic	CT	06357-1536	Amount of Each Receipt this Period
	FEC ID number of contributing			90.00
	federal political committee.	C		90.00
	Name of Employer	Occupation	า	$\dashv$
	Parker Agency	Principal	'	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1155.00	
_	Full Name (Last, First, Middle Initial) DAVID PERRY			Date of Receipt
٥.	Mailing Address 1634 Ryan Street			M M / D D / Y Y Y Y
	maining stations 1004 Hydri Street			12 01 2006
	City	State	Zip Code	Transaction ID: 18040606
	Lake Charles	LA	70601-5949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer The Perry Agency Inc.	Occupation President		7
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			1
	Other (specify)		780.00	
s	UBTOTAL of Receipts This Page (optional)			145.00
$\vdash$				-

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 74 / 140
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
۸r	y information copied from such Reports and Sta	ntomonte may	y not be cold or used by any norse	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JOSEPH PHIFER			Date of Receipt
	Mailing Address 5495 Belt Line Road, Su	uite 155		12 01 2006
	City	State	Zip Code	Transaction ID: 18040609
	Dallas	TX	75254-7643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer SafeGuard Health Enterpri- ses	Occupation Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		840.00	
В.	Full Name (Last, First, Middle Initial) DAVID PRESTON			Date of Receipt
	Mailing Address PO Box 1777			12 01 2006
	City	State	Zip Code	Transaction ID: 18040613
	Edmonds	WA	98020-1777	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		10.00
	Name of Employer Insurance Resource Group Inc.	Occupation CEO	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		245.00	
<u> </u>	Full Name (Last, First, Middle Initial) MARY PRUITT			Date of Receipt
	Mailing Address PO Box 53010			M M / D D / Y Y Y Y Y Y 1 Y 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 18040614
	Lubbock	TX	79453-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.100.00	10.00
	Name of Employer HealthSmart Preferred Care Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		260.00	
Г	l			105.00
S	UBTOTAL of Receipts This Page (optional)			105.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 140
ITEMIZED RECEIPTS	or each category of the	(check only one)  X 11a  11b  11c  12
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a	ts may not be sold or used by any persond address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	···	
National Association of Health Underwriters F	PAC (HUPAC)	
Full Name (Last, First, Middle Initial)  DENNIS RECKER		Date of Receipt
Mailing Address 971 North Perry Street		12 01 2006
•	ate Zip Code	Transaction ID: 18040615
<u>Ottawa</u> Ol	H 45875-1218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Fawcett Lammon Recker	upation listered Representative	
<u>a Associates</u>	regate Year-to-Date ▼	
Primary General	350.00	
Other (specify)	330.00	
Full Name (Last, First, Middle Initial)  3. GLEN RIENSCHE		Date of Receipt
Mailing Address 3601 Calvert, Ste. 1		1 2 0 1 2 0 0 6
City Sta	•	Transaction ID: 18040621
<u>Lincoln</u> NE	68506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Advanced Insurance Servic-	upation A	
CS IIIC.	rance Agent regate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial)  ELIZABETH RIOS-CARL		Date of Receipt
Mailing Address 124 West Castellano Drive, S	Suite 2	1 2 0 1 2 0 0 6
,	ate Zip Code	Transaction ID: 18040622
El Paso T>	79912-6139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Goodman Einanoial Group	upation - Employee Benefits	
	regate Year-to-Date ▼	
Primary General Other (specify)	400.00	
Galler (opposity) 🗸	0 0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)	······	90.00
TOTAL This Period (last page this line number only)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 140
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
0,	NAME OF COMMITTEE (In Full)	arric aria aac	ress of any political committee to	Solicit Contributions from Such Committee.
	• • •	itoro DAC (	LILIDAC)	
	National Association of Health Underwr	ileis PAC (	nurac)	
Α.	Full Name (Last, First, Middle Initial) JOSEPH ROBERTS			Date of Receipt
Λ.	Mailing Address 7101 S. 82nd St., #B			M M / D D / Y Y Y Y
	7 TO T O. OZING OL., #B			12 01 2006
	City	State	Zip Code	Transaction ID: 18040625
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Name of Employer Midlands Financial Benefi-		ed Representative	
	ts Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0	Total to Date (	1
	Other (specify) ▼		1832.00	
				1
В.	Full Name (Last, First, Middle Initial)			Data of Danaira
О.		1D 264		Date of Receipt
	Mailing Address 100 S. Sunrise Way, PN	VID 304		12 01 2006
	City	State	Zip Code	Transaction ID: 18040627
	Palm Springs	CA	92262	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Employer	Occupation	1	4
	Name of Employer Palm Canyon Insurance Age-	Insurance		
	ncy Receipt For:		Year-to-Date ▼	_
	Primary General	7.99.094.0		1
	Other (specify) ▼		1000.00	
C.	Full Name (Last, First, Middle Initial) EUGENE ROWE			Date of Receipt
C.	Mailing Address 16000 Ventura Blvd, Su	ito 1102		M M / D D / Y Y Y Y
	Toobo Ventura Bivu, Su	1103		12 01 2006
	City	State	Zip Code	Transaction ID: 18040631
	Encino	CA	91436-2767	Amount of Each Receipt this Period
	FEC ID number of contributing			30.00
	federal political committee.	C		30.00
	Name of Employer	Occupation	1	7
	R & R Insurance and Retirement Service	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		360.00	
	Other (specify)		300.00	
_				1
				210.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	210.00
1				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 140
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) STEPHEN SALAMON			Date of Receipt
	Mailing Address PO Box 4252			12 01 2006
	City	State	Zip Code	Transaction ID: 18040634
	Timonium	MD	21094-4252	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		10.00
	Name of Employer Heritage Financial Consul- tants LLC	Occupation Insurance		
	Receipt For:	1	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		880.00	
В.	Full Name (Last, First, Middle Initial) ROBERT SCHUMACHER			Date of Receipt
	Mailing Address 1137 Jonagold Way			1 2 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 18040641
	Mountain View	CA	94513	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	Name of Employer Schumacher & Walker Ins.	Occupation	1	
	Associates I	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	240.00	1
	Other (specify)		240.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	STUART SHAPIRO  Mailing Address PO Box 587			Date of Receipt
	Mailing Address PO Box 567			12 01 2006
	City	State	Zip Code	Transaction ID: 18040644
	Wheeling	IL	60090-0587	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.	C		20.00
	Name of Employer Shapiro Financial Group	Occupation		
	Inc.	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	240.00	]
	Other (specify)		210.00	1
_				50.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	
1				

01	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 78 / 140
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δη	y information copied from such Reports and Sta	atomonte may	not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) KENNETH SHERLIN			Date of Receipt
	Mailing Address P. O. Box 1550			12 01 2006
	City	State	Zip Code	Transaction ID: 18040646
	Asheville	NC	28801-1550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benefit Design Group	Occupation Marketing		
	Receipt For:		Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify) ▼	1	290.00	
				4
В.	Full Name (Last, First, Middle Initial) ROGER SKINNER			Date of Receipt
	Mailing Address 6612 East 75th Street, 5	M M / D D / Y Y Y Y		
		12 01 2006		
	City	State	Zip Code	Transaction ID: 18040649
	Indianapolis	IN	46250-2876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer GroupLink Inc.	Occupation		
	·	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	
	Other (specify) ▼	1 1		1
_	Full Name (Last, First, Middle Initial)			
C.	PATRICIA SMITH			Date of Receipt
	Mailing Address 525 Kirkland Way			12 01 2006
	City	State	Zip Code	Transaction ID: 18040651
	Kirkland	WA	98033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Smith Meacham Insurance	Occupation		7
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	, iggi cgale	. 541 10 5410 7	1
	Other (specify)		240.00	
	(-1)/ <b>\</b>			1
	LIPTOTAL of Populate This Page (entire -1)			75.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 140 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)	
۸.	Full Name (Last, First, Middle Initial) JACKIE SPRAGINS			Date of Receipt
	Mailing Address PO Box 2073			12 01 2006
	City	State	Zip Code	Transaction ID: 18040657
	Wichita Falls  FEC ID number of contributing federal political committee.	C	76307-2073	Amount of Each Receipt this Period  30.00
	Name of Employer Spragins Insurance Agency	Occupation		
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 360.00	
3.	Full Name (Last, First, Middle Initial) RYAN THORN Mailing Address 10342 South Springcrest	Lane		Date of Receipt
	City Sta		Zip Code	1 2 0 1 2 0 0 6  Transaction ID: 18040665
	South Jordan  FEC ID number of contributing federal political committee.	C	84095-4538	Amount of Each Receipt this Period  30.00
	Name of Employer Ryan P. Thorn Insurance Planning Inc. Receipt For:	Occupation Insurance Aggregate		
	Primary General Other (specify) ▼	0 0	520.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) ALICIA TIEFENTHALER			Date of Receipt
	Mailing Address 110 West 7th Street, Suit	e 2520		12 01 2006
	City Tulsa	State OK	Zip Code 74119-1104	Transaction ID: 18040666
	FEC ID number of contributing federal political committee.	C	74119-1104	Amount of Each Receipt this Period  10.00
	Name of Employer Hillcrest Healthcare Syst- em	Occupation Insurance		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 265.00	
s	UBTOTAL of Receipts This Page (optional)			70.00
			<u>-</u>	

# SCHEDULE A (FEC Form 3X)

PAGE 80 / 140 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) A. DANIEL TOMPKINS, III Date of Receipt Mailing Address PO Box 1810 2006 800 Old Roswell Lakes Pkwy Suite 3 12 01 Zip Code City State Transaction ID: 18040667 Roswell GA 30077-1810 Amount of Each Receipt this Period FEC ID number of contributing 40.00 C federal political committee. Name of Employer Admin America Occupation Insurance Agent Aggregate Year-to-Date ▼ Receipt For: Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JENNIFER TOUPS Date of Receipt Mailing Address PO Box 113113 01 2006 City State Zip Code Transaction ID: 18040668 Metairie LA 70011-3113 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Business Insurance Group Occupation Director of Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) C. JANET TRAUTWEIN-STOKES Date of Receipt Mailing Address 2000 N 14th Street 2006 12 0 1 City State Zip Code Transaction ID: 18040669 Arlington VA 22201 Amount of Each Receipt this Period FEC ID number of contributing 85.00 C federal political committee. Name of Employer NAHU Occupation Executive VP, CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 885.00 Other (specify) 155.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 140
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, J	13   14   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the $$	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underw	riters PAC (	HUPAC)	
Full Name (Last, First, Middle Initial)  MARILYN STENGER			Date of Receipt
Mailing Address 268 South Street			12 01 2006
City	State	Zip Code	Transaction ID: 18040672
Morristown	NJ	07960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer NAS Financial Services	Occupation Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		1185.00	
Other (specify) ▼	0 0	1100.00	
Full Name (Last, First, Middle Initial)  3. ROBERT VERNON			Date of Receipt
Mailing Address PO Box 18251			M M / D D / Y Y Y Y
			12 01 2006
City	State	Zip Code	Transaction ID: 18040673
Roanoke	VA	24014-3004	Amount of Each Receipt this Period
FEC ID number of contributing	C		30.00
federal political committee.			
Name of Employer DRR Consulting Inc	Occupation	n	7
DRR Consulting Inc	Presiden	t	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)	' '	400.00	
Other (specify)	0 0		
Full Name (Last, First, Middle Initial)  C. CHARLES WAGNER			Date of Receipt
Mailing Address PO Box 9			M M / D D / Y Y Y Y
Oit.	Ctata	7in Oada	12 01 2006
City Burwell	State NE	Zip Code 68823-0009	Transaction ID: 18040677
	INL	00023-0009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Town and Country Insurance	Occupation		
Agency Inc	Presiden		_
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	, [
Other (specify)		1100.00	
	0 0		
SUBTOTAL of Receipts This Page (optional)			165.00
· · · · · · · · · · · · · · · · · · ·			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 140
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
II EIVIIZED NECEIP I 3			Detailed Summary Page	X 11a   11b   11c   12
				13 14 15 16 17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\vdash$	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Association of Health Underwrit	ers PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) TIMOTHY WALSH			Date of Receipt
	Mailing Address PO Box 417			12 01 2006
	City	State	Zip Code	Transaction ID: 18040679
	Hampstead	NC	28443-0417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Advanced Insurance Systems	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) ▼		340.00	
В.	Full Name (Last, First, Middle Initial) C.L. WESTMORELAND			Date of Receipt
	Mailing Address PO Box 925			12 01 2006
	City	State	Zip Code	Transaction ID: 18040680
	Jackson	MS	39205-0925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Public Life Insurance Company Receipt For: Primary General Other (specify)		of Agency Development  Year-to-Date   910.00	
— С.	Full Name (Last, First, Middle Initial) MARCIA WILCOX.			Date of Receipt
C.	Mailing Address 25302 153rd Place SE			M M / D D / Y Y Y Y Y 1 1 2 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 18040681
	Monroe	WA	98272-9026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benefits Resource Group Inc.	Occupation Insurance		7
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		320.00	]
s	UBTOTAL of Receipts This Page (optional)			80.00
$\vdash$			·	-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 140 (check only one)  X 11a 11b 11c 12 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any personess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (I	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) SUE WILSON			Date of Receipt
	Mailing Address P. O. Box 12816			12 01 2006
	City	State	Zip Code	Transaction ID: 18040683
	Oklahoma City  FEC ID number of contributing federal political committee.	OK C	73157	Amount of Each Receipt this Period  25.00
	Sue Wilson Brokerage Inc.	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) PAULA WILSON			Date of Receipt
	Mailing Address PO Box 892740			1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Temecula	State CA	Zip Code 92589-2740	Transaction ID: 18040685  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02000 2710	25.00
	Paula I Wilcon Inc	Occupation Insurance		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) LON WILSON			Date of Receipt
	Mailing Address 3000 A Street, Suite 400			12 01 2006
	City Anchorage	State AK	Zip Code 99503-4040	Transaction ID: 18040687  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	9900-4040	15.00
	Name of Employer The Wilson Agency LLC	Occupation Insurance		_
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
s	UBTOTAL of Receipts This Page (optional)			65.00
			·	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 140
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrite	ers PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) HARRY WITSEN			Date of Receipt
	Mailing Address 1150 Glenwood Court			12 01 2006
	City	State	Zip Code	Transaction ID: 18040689
	Vineland	NJ	08361-8510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Medical Benefit Services	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	111		1
	Other (specify) ▼	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) BARBARA WONG			Date of Receipt
	Mailing Address 1311 L Street			12 01 YYYYY 12006
	City	State	Zip Code	Transaction ID: 18040690
	Anchorage	AK	99501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupation	<u> </u>	_
	Capital Management Benefi-	Insurance		
	ts Corp.  Receipt For:		Year-to-Date ▼	_
	Primary General	, iggi ogalo	Tour to Buto V	1
	Other (specify) ▼	0 0	550.00	
<u> </u>	Full Name (Last, First, Middle Initial) Debbie Blander			Date of Receipt
	Mailing Address 2441 Rutland Pl			12 05 2006
	City	State	Zip Code	Transaction ID: 18053934
	Thousand Oaks	CA	91362-1603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Warner Pacific Insurance	Occupation Insurance		7
	Services Receipt For:		Year-to-Date <b>V</b>	-
	Primary General	, iggi egale	. Jul to Duto ▼	1
	Other (specify) ▼		725.00	
	UDTOTAL (CD) (CT) (CT)			55.00
	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Llas senerate sehedule(s)	FOR LINE NUMBER: PAGE 85 / 140			
ıт	EMIZED RECEIPTS		or each category of the	(check only one)			
••	LIVIIZED REGEII 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17			
Δr	y information copied from such Reports and Statemen	nte may	not be sold or used by any perso				
or	for commercial purposes, other than using the name a	and add	ress of any political committee to	solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$  \rangle$	National Association of Health Underwriters I	PAC (	HUPAC)				
$\angle$				1			
A.	Full Name (Last, First, Middle Initial) Susan McGinnis			Date of Receipt			
	Mailing Address 8516 East 101st, Suite H			M M / D D / Y Y Y Y			
				12 05 2006			
	•	tate	Zip Code	Transaction ID: 18053937			
	<u>Tulsa</u> Ol	K	74133-7035	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee			30.00			
	federal political committee.						
	Name of Employer Occ	cupation	1	7			
	BenEx Insurance Agency Vice	e Pres	ident				
		gregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		415.00				
	Other (specify)	0 0					
_	Full Name (Last, First, Middle Initial)						
В.	,			Date of Receipt			
	Mailing Address 108 SE 3rd, Suite A			M M / D D / Y Y Y Y			
	City St:	tate	Zin Codo	12 05 2006			
	Moore Oi		Zip Code 73160	Transaction ID: 18053938			
		/IX	73100	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			80.00			
	Dovie Incurance Source	cupation					
			e Agent Year-to-Date ▼	-			
	Primary General	grogato	Teal to Date V				
	Other (specify) ▼		320.00				
_	Full Name (Last, First, Middle Initial)			Data of Bassist			
C.	JOHN Philip GARVEN  Mailing Address 11715 Fast Main Street - PO	N Day 0		Date of Receipt			
	Mailing Address 11715 East Main Street - PO	вох 8		12 05 2006			
	City Sta	tate	Zip Code	Transaction ID: 18053943			
	<u>Huntley</u> IL	-	60142-6913	Amount of Each Receipt this Period			
	FEC ID number of contributing			100.00			
	federal political committee.			100.00			
	Name of Employer Occ Benico LTD Inc.	cupation	<u> </u>	7			
	Benico LTD' Insu		e Agent				
	Receipt For: Agg	gregate	Year-to-Date ▼				
	Primary General		370.00				
	Other (specify) ▼		070.00				
Г							
6	210.00						
$\vdash$	UBTOTAL of Receipts This Page (optional)						
1	TOTAL This Period (last page this line number only)						

## S П

_				1
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 140 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X   11a     11b     11c     12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
A.	Full Name (Last, First, Middle Initial) Jeanne Filchock			Date of Receipt
	Mailing Address 1001 Lakeside Ave, Ste			12 07 2006
	City	State	Zip Code	Transaction ID: 18053949
	Cleveland	OH	44114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer United Healthcare	Occupation		
	Receipt For:		Executive e Year-to-Date ▼	
	Primary General	Aggregate	Flear-to-Date V	1
	Other (specify) ▼		415.00	
В.	Full Name (Last, First, Middle Initial) EVA Jean FOMALONT			Date of Receipt
	Mailing Address 2500 Louisiana Blvd NE	12 13 2006		
	City	State	Zip Code	Transaction ID: 18054032
	Albuquerque	NM	87110-4372	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		400.00
	Name of Employer Delta Dental Plans of NM	Occupation Mgr., Sal	n es/Retention Division	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1475.00	
_	Full Name (Last, First, Middle Initial) Andy Dickmeyer			Date of Receipt
0.	Mailing Address PO Box 45279			M M / D D / Y Y Y Y Y 1 1 2 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 18054033
	Omaha	NE	68145-0279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer The Harry A. Koch Co.	Occupation		
	·		Executive	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		365.00	
				1130.00
S	UBTOTAL of Receipts This Page (optional)			1130.00

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

			FOR LINE WILLIAM BERN BACE OF LLCO			
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 / 140			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
TI LIMIZED MECEIF 13		Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 17			
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)	Tarrio aria aa	areas or arry pointed committee to	Solicit Contributions from Such Committee.			
` '	itara DAC /	LILIDAC)				
National Association of Health Underwi	niers PAC (	HUPAC)				
Full Name (Last, First, Middle Initial)			Date of Receipt			
A. Joan Metz Bumgarner  Mailing Address 801 N Brand Blvd #90	^		<del>-</del>			
Mailing Address 801 N. Brand Blvd. #90	U		12 13 2006			
City	State	Zip Code	Transaction ID: 18054040			
Glendale	CA	91203-1237	Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.	C		100.00			
Name of Employer Word & Brown Insurance Ad-	Occupatio	n	$\dashv$			
Word & Brown Insurance Ad- ministrators	Insuranc	e Agent				
Receipt For:		e Year-to-Date ▼				
Primary General	00 0		1			
Other (specify) ▼		245.00				
			1			
Full Name (Last, First, Middle Initial)  3. Sheri Caprio			Date of Receipt			
Mailing Address 6300 Canoga Avenue	M M / D D / Y Y Y Y					
	12 19 2006					
City	State	Zip Code	Transaction ID: 18077306			
Valencia	CA	91354	Amount of Each Receipt this Period			
FEC ID number of contributing			700.00			
federal political committee.	C		780.00			
Name of Employer	Occupatio	n	-			
Name of Employer Blue Shield of California	Insuranc					
Receipt For:		e Year-to-Date ▼	-			
Primary General	1.99.194		1			
Other (specify)		780.00				
			1			
Full Name (Last, First, Middle Initial)			Date of Boosint			
SUZANNE JOHNSON  Mailing Address 6235 Morrison Bouleva	rd Cuita 00	10	Date of Receipt			
Mailing Address 6235 Morrison Bouleva	ra, Suite 30	12	12 19 2006			
City	State	Zip Code	Transaction ID: 18077310			
<u>Charlotte</u>	NC	28211-3508	Amount of Each Receipt this Period			
FEC ID number of contributing	C		50.00			
federal political committee.	0					
Name of Employer Strategic Employee Benefit	Occupatio		7			
Services	Insuranc					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General		E20.00	1			
Other (specify)		530.00				
			930.00			
SUBTOTAL of Receipts This Page (optional)		······	330.00			

COUEDING A /FEC Form 2V)				FOR LINE NUMBER: PAGE 88 / 140
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may same and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwri	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Michael G. Campbell			Date of Receipt
	Mailing Address 9899 Main St., # 210A			12 22 2006
	City	State	Zip Code	Transaction ID: 18213297
	Damascus	MD	20872-2064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Campbell & Associates Ins- urance Inc.	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	205.00	1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) VIRGINIA ASHTON			Date of Receipt
	Mailing Address 1900 Electric Road	M M / D D / Y Y Y Y		
				12 19 2006
	City	State	Zip Code	Transaction ID: 18215031
	Salem	VA	24153-7474	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Lewis-Gale Medical Center	Occupation	of Provider Relations	_
	Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	Teal to Bate ¥	1
	Other (specify)		380.00	
	care. (epocary) V	1 1		1
<u> </u>	Full Name (Last, First, Middle Initial) William W. Meacham			Date of Receipt
	Mailing Address P O Box 1848			M M / D D / Y Y Y Y
				12 21 2006
	City	State	Zip Code	Transaction ID: 18216988
	Bellevue	WA	98009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Meachman Group LLC	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 290		1
	Other (specify)		500.00	
			0 0 0 0 0 0 0	4
_	UPTOTAL of Possinta This Page (antique)			915.00
$ hild_{\sim}$	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X)			Harrison and a selection of the A	FOR LINE NUMBER: PAGE 89 / 140
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
0.	NAME OF COMMITTEE (In Full)	iame and add	iress of any political committee to	Solicit contributions from such committee.
	National Association of Health Underwr	itoro DAC (	LILIBAC)	
	National Association of Health Onderwi	ileis PAC (	HUPAC)	
	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 119 South Main Street,	Suite 560		12 22 2006
	City	State	Zip Code	Transaction ID: 18216990
	Memphis	TN	38103	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		100.00
	Name of Employer	Occupation		_
	Name of Employer Synaxis Polk & Sullivan	Insurance		
	Insurance Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1200.00	
В.	Full Name (Last, First, Middle Initial) Jacky L. Baker			Date of Receipt
	Mailing Address PO Box 1588			M M / D D / Y Y Y Y
				12 23 2006
	City	State	Zip Code	Transaction ID: 18217007
	Hickory	NC	28603-1588	Amount of Each Receipt this Period
	FEC ID number of contributing	С		120.00
	federal political committee.	9		
	Name of Employer Blue Cross Blue Shield Of	Occupation	1	
	NC	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		270.00	
	Other (specify)	1	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
C.	GREG A YODER			Date of Receipt
	Mailing Address 1055 Minnesota Avenue	)		12 23 2006
	City	State	Zip Code	Transaction ID: 18345333
	San Jose	CA	95125-2451	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer	Occupation	1	┪
	Ray Silva Insuránce Associates Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
	IIDTOTAL of Possints This Dogs (entises 1)			320.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			
				The second secon

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 90 / 140
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) KERRY D ALDRIDGE			Date of Receipt
	Mailing Address 1501 N. Limestone, Sui	te 100		12 28 2006
	City	State	Zip Code	Transaction ID: 18345450
	Lexington	KY	40505-3200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer CKBS Insurance Group	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	960.00	
				4
В.	Full Name (Last, First, Middle Initial) SHARON ALT			Date of Receipt
	Mailing Address 6410 Southwest Blvd, S	M M / D D / Y Y Y Y		
			12 28 2006	
	City	State	Zip Code	Transaction ID: 18345451
	Fort Worth	<u>TX</u>	76109-3920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Alt Benefit Consultants	Occupation	<u> </u>	7
	Alt Benefit Consultants	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	550.00	1
	Other (specify) ▼		550.00	
C.	Full Name (Last, First, Middle Initial) RICK D. BAILEY			Date of Receipt
•	Mailing Address 4390 Earney Road, Suit	± 240		M M / D D / Y Y Y Y
	4000 Lamey Hoad, Odin	IC 240		12 28 2006
	City	State	Zip Code	Transaction ID: 18345456
	Woodstock	GA	30188-5687	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Rick Bailey & Company In-	Occupation		7
	<u>C.</u>	Insurance		$\dashv$
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		330.00	
	☐ Other (specify) ♥		1 1 1 1 1 1 1 1	J.
_	LIDTOTAL of Develop Till Day (1911)			160.00
L	UBTOTAL of Receipts This Page (optional)			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 140 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrit	ers PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) ROBERT J BISHOP  Mailing Address 2785 East Desert Inn Rd  City Las Vegas  FEC ID number of contributing federal political committee.  Name of Employer KIA Insurance  Receipt For: Primary General	State NV  C Occupation Insurance		Date of Receipt    M M
_	Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0	924.00	Patrick Provide
3.	BRADFORD H. BLAIN  Mailing Address P O Box 4510  City  Lexington  FEC ID number of contributing federal political committee.  Name of Employer Al Torstrick Insurance Agency Inc.  Receipt For:  Primary General  Other (specify)	State KY  C  Occupation Insurance Aggregate		Date of Receipt    M M M
2.	Full Name (Last, First, Middle Initial) WILLIAM BLAKELY Mailing Address PO Box 11310  City Chattanooga  FEC ID number of contributing federal political committee.  Name of Employer Russ Blakely & Associates  Receipt For: Primary General Other (specify)	State TN C Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	144.00
т	OTAL This Period (last page this line number on	lv)	<b>)</b>	

SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 140
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	on the sold or used by any personant person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Health Unde	rwriters PAC (	(HUPAC)	
Full Name (Last, First, Middle Initial) DONALD J BOOTH			Date of Receipt
Mailing Address 8711 Plantation Land	e, Suite 301		12 28 2006
City	State	Zip Code	Transaction ID: 18345466
Manassas	VA	20110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Capital Group Benefits	Occupatio Partner	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	
Full Name (Last, First, Middle Initial)  3. JIM BOWMAN			Date of Receipt
Mailing Address 2701 West 15th Stre	M M / D D / Y Y Y Y		
City	State	Zip Code	12 28 2006
Plano	TX	75075-7523	Transaction ID: 18345468  Amount of Each Receipt this Period
FEC ID number of contributing		10010 1020	
federal political committee.	C		40.00
Name of Employer Bowman & Bowman Consultan-	Occupatio		
ts Inc. Receipt For:	Insuranc	e Agent e Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify) ▼	0 0	370.00	
Full Name (Last, First, Middle Initial)  SHAWN F BRASHEARS	•		Date of Receipt
Mailing Address 110 Old Padonia Ro	ad, Suite 201		1 2 2 8 2 0 0 6
City	State	Zip Code	Transaction ID: 18345470
Cockeysville	MD	21030-4949	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Compensation Concepts	Occupatio Insuranc		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	
SUBTOTAL of Receipts This Page (optional)			80.00
,		•	-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 140 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrit	ers PAC (	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) SYDNEY BRILEY			Date of Receipt
	Mailing Address 605 E Van Buren Street			12 28 2006
	City	State	Zip Code	Transaction ID: 18345471
	Broken Arrow FEC ID number of contributing federal political committee.	OK OK	74011-7261	Amount of Each Receipt this Period  10.00
	Name of Employer Employee Benefit Solutions Inc.  Receipt For:  Primary General Other (specify) ▼		Donsultant Year-to-Date ▼ 265.00	
3.	Full Name (Last, First, Middle Initial) ELEANOR BROCKHURST Mailing Address 1212 East Osborn Road,			Date of Receipt  1 2 2 8 2 0 0 6
	City Phoenix	State AZ	Zip Code 85014-5533	Transaction ID: 18345472  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33017 3330	30.00
	Name of Employer Brockhurst & Associates Inc.	Occupation Insurance	e Agent	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) THOMAS A. BRYON			Date of Receipt
Mailing Address 9820 Metcalf Ave., # 110				12 28 2006
	City	State	Zip Code	Transaction ID: 18345473
	Overland Park  FEC ID number of contributing federal political committee.	KS C	66212	Amount of Each Receipt this Period  30.00
	Name of Employer SS&G and Associates Inc.	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
S	UBTOTAL of Receipts This Page (optional)		<b>.</b>	70.00
			·	

COUEDINE A /EEC Form 2V)				FOR LINE NUMBER: PAGE 94 / 140
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwri	ters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JIMMY G CHANDLER			Date of Receipt
	Mailing Address 10 Oriole Glen			12 28 7 2006
	City	State	Zip Code	Transaction ID: 18345475
	Swannanoa	NC	28778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Health & Disablity Specia- lists	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		290.00	1
	Other (specify) ▼		380.00	
В.	Full Name (Last, First, Middle Initial) DAVID S. CLULEY			Date of Receipt
	Mailing Address 2220 Glen Echo, SE	M M / D D / Y Y Y Y		
			12 28 2006	
	City	State	Zip Code	Transaction ID: 18345479
	Grand Rapids	MI	49546-5521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation	1	7
	PPOM	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		560.00	7
	Other (specify) ▼		360.00	
	Full Name (Last, First, Middle Initial)			
C.	THOMAS J DANIELS			Date of Receipt
	Mailing Address 120 Wood Avenue South	n, Suite 30	0	12 28 2006
	City	State	Zip Code	Transaction ID: 18345485
	Iselin	NJ	08830-2709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3333 2.33	20.00
	Name of Employer WellChoice	Occupation		1
		Insurance		-
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General	' '	240.00	11
	Other (specify) ▼		210.00	1
_				
				80.00
S	UBTOTAL of Receipts This Page (optional)			00.00
				_

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 140 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
•	information and discount Bounds and Old			13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	rnot be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Health Underwrit	ers PAC (	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) ROSEMARY DEININGER			Date of Receipt
	Mailing Address 12801 N. Central Expres	sway, Suit	е	12 28 2006
	City	State	Zip Code	Transaction ID: 18345488
	Dallas	TX	75243-1741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Waldman Brothers	Occupation Account I		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	
 3.	Full Name (Last, First, Middle Initial) DAVID M DEITCH			Date of Receipt
	Mailing Address 2785 East Desert Inn Ro	ad, Suite 1		1 2 2 8 2 0 0 6
	City Stat		Zip Code	Transaction ID: 18345489
	Las Vegas	NV	89121-3623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer KIA Insurance	Occupation	1	
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) CLAUDIA S DODGE			Date of Receipt
Mailing Address 2108 W. Laburnum Ave., # 300		, # 300		12 28 2006
	City	State	Zip Code	Transaction ID: 18345493
	Richmond	VA	23226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		30.00
	Name of Employer BB&T Benefit Consultants of Virginia	Occupation AVP - Sa	les Consultant	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	
s	UBTOTAL of Receipts This Page (optional)		·····•	90.00

				_
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 140
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrit	ers PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial)  A. NICOLE FAIRBAIRN WONNELL  Mailing Address 14701 Cumberland Road, Suite 18			Date of Receipt
			60	12 28 2006
	City	State	Zip Code	Transaction ID: 18345494
	Noblesville	IN	46060-8715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Creative Insurance Concep- ts Inc.	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	111		1
	Other (specify)		340.00	
В.	Full Name (Last, First, Middle Initial) CHARLES T GARTLAN			Date of Receipt
	Mailing Address PO Box 1268			12 28 2006
	City	State	Zip Code	Transaction ID: 18345502
	Toms River	NJ	08754-1268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer BenefitPort LLC	Occupation		
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1 1	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) GERARD R. GERSHONOWITZ			Date of Receipt
	Mailing Address 980 Broadway, Suite 608	3		12 28 2006
	City	State	Zip Code	Transaction ID: 18345503
	Thornwood	NY	10594-1313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Morrell Consulting Group	Occupation Insurance		
	Inc. Receipt For:		e Year-to-Date ▼	_
	Primary General	.55.09410		1
	Other (specify) ▼		900.00	
Г				
s	UBTOTAL of Receipts This Page (optional)		······	145.00

0				FOR LINE NUMBER: PAGE 97 / 140
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	
			Detailed Summary Page	
_				13 14 15 16 17
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwi	riters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) RICHARD R GIRDLER, JR			Date of Receipt
	Mailing Address 113 Seaboard Lane, Su	iite C-170		12 28 2006
	City	State	Zip Code	Transaction ID: 18345505
	Franklin	TN	37067-8281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Cowan Benefit Services Inc.	Occupation		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	200.00	1
	Other (specify)		300.00	
В.	Full Name (Last, First, Middle Initial) CAROLYN L GOODWIN			Date of Receipt
	Mailing Address 4851 LBJ Freeway, Sui	te 800		M M / D D / Y Y Y Y
				12 28 2006
	City	State	Zip Code	Transaction ID: 18345507
	Dallas	TX	75244-6004	Amount of Each Receipt this Period
	FEC ID number of contributing			25.00
	federal political committee.	C		25.00
	N (5 )	10		_
	Name of Employer CBIZ Benefits & Insurance	Occupation		
	Services	Insurance		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		340.00	
	Other (specify) ▼	1 1		1
_	Full Name (Last, First, Middle Initial)			_
C.	SARAH Gunter GUNTER CANEZ			Date of Receipt
	Mailing Address 7700 Broadway #201 19921 FM 2252 (zip is 1	78266)		12 28 2006
	City	State	Zip Code	Transaction ID: 18345509
	San Antonio	TX	78215-1824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer EFGI Insurance & Bonds	Occupation	n /Steve Jamison	7
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	Tour to Date ¥	-
	Other (specify)		240.00	
	Strict (opcony) 🔻	0 0		1
1				70.00
S	UBTOTAL of Receipts This Page (optional)			70.00
$\vdash$			<u> </u>	-

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 98 / 140			
	· ·		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso				
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$  \rangle$	National Association of Health Underwr	riters PAC (	HUPAC)				
	Transmar / 100001ation of Floatin Ondorwi	11010 1 710 (	11017(0)				
	Full Name (Last, First, Middle Initial)						
A.	WALTER T. HALE			Date of Receipt			
	Mailing Address 211 East Church Street			M M / D D / Y Y Y Y			
				12 28 2006			
	City	State	Zip Code	Transaction ID: 18345511			
	Morrilton	AR	72110-3419	Amount of Each Receipt this Period			
	FEC ID number of contributing			00.00			
	federal political committee.	C		30.00			
	Name of Employer Hawkins Insurance Agency	Occupation					
		Insurance	<del></del>				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		470.00	1			
	Other (specify) ▼	1 1	470.00				
_							
ь	Full Name (Last, First, Middle Initial)			Data of Bassist			
В.		70		Date of Receipt			
	Mailing Address 21700 Oxnard St., # 12	70		12 28 2006			
	City	State	Zip Code				
	•		•	Transaction ID: 18345514			
	Woodland Hills	CA	91367-3669	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		100.00			
	federal political committee.						
	Name of Employer	Occupation	1				
	Financial Independence Company	Insurance	e Agent				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	1 1		1			
	Other (specify) ▼		1200.00				
				1			
_	Full Name (Last, First, Middle Initial)						
C.	LORI J HEADLEY			Date of Receipt			
	Mailing Address PO Box 14725			M M / D D / Y Y Y Y			
				12 28 2006			
	City	State	Zip Code	Transaction ID: 18345516			
	Portland	OR	97293-0725	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		30.00			
	federal political committee.	<u> </u>		55.55			
	Name of Employer	Occupation	1	_			
	Name of Employer Healthwise Insurance Plan-	Insurance					
	ning Receipt For:		Year-to-Date ▼				
	Primary General	, iggi ogale	Tour to Duto ¥	1			
	Other (specify)		315.00				
		0 0		1			
_	UBTOTAL of Receipts This Page (optional)			160.00			
$\vdash$	ODIOTAL OF NECERPLS THIS Page (Optional)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 140		
TEMIZED RECEIPTS			or each category of the	(check only one)  X 11a 11b 11c 12		
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions		
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Health Underwrite	ers PAC (	HUPAC)			
۹.	Full Name (Last, First, Middle Initial) W RICHARD HERD			Date of Receipt		
	Mailing Address 883 West Baxter Drive			12 28 2006		
	City	State	Zip Code	Transaction ID: 18345518		
	South Jordan	UT	84095-8506	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer McDermott Company & Asso-	Occupation Employee	e Benefits & Pensions			
	ciates Inc.  Receipt For:		Year-to-Date ▼			
	Primary General Other (specify) ▼		240.00			
		0 0	0 0 0 0 0 0 0			
3.	Full Name (Last, First, Middle Initial)  JAIME D HERNANDEZ			Date of Receipt		
	Mailing Address 804 S. Bel Aire Drive	12 28 7 2006				
	City	State	Zip Code	Transaction ID: 18345519		
	Burbank	CA	91501-1522	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Jardez Financial & Insura-	Occupation				
	nce Inc.	Insurance	e Agent • Year-to-Date ▼	_		
	Receipt For: Primary General	Aggregate	r rear-lo-Dale ▼			
	Other (specify) ▼		600.00			
	Full Name (Last, First, Middle Initial) SHERI S HOKIN			Date of Receipt		
	Mailing Address 3330 Dundee Road, Suite	e C-3		1 2 2 8 2 0 0 6		
	City	State	Zip Code	Transaction ID: 18345523		
	Northbrook	IL	60062-2328	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		30.00		
	federal political committee.			00.00		
	Name of Employer Hokin Sternberg Insurance	Occupation Insurance				
	Services Receipt For:		Year-to-Date <b>V</b>	-		
	Primary General	1.99.19		1		
	Other (specify) ▼	0 0	330.00			
s	UBTOTAL of Receipts This Page (optional)			100.00		
	,					
T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>			

SCHEDULE A (FEC Form 3X)			lles servets selective(s)	FOR LINE NUMBER: PAGE 100 / 140			
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$ \rangle$	National Association of Health Underw	riters PAC (	HUPAC)				
<b>A</b> .	Full Name (Last, First, Middle Initial) MATT B HOLCOMB			Date of Receipt			
Α.	Mailing Address P.O. Box 89144			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 18345524			
	Atlanta	GA	30305-1733	Amount of Each Receipt this Period			
	FEC ID number of contributing		00000 1700				
	federal political committee.	C		20.00			
	Name of Employer Kayda Insurance Services	Occupation Insurance					
	Receipt For:		Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼	0 0	240.00				
В.	Full Name (Last, First, Middle Initial) MICHELLE S HOWARD			Date of Receipt			
	Mailing Address 2850 West Grand Boul	evard		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y			
	City	State	Zip Code	Transaction ID: 18345525			
	Detroit	MI	48202-2643	Amount of Each Receipt this Period			
	FEC ID number of contributing		10202 2010				
	federal political committee.	C		30.00			
	Name of Employer Health Alliance Plan	Occupation					
		Insurance					
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		330.00				
	Carlot (openity) •	0 0	0 0 0 0 0 0 0				
<u>С</u> .	Full Name (Last, First, Middle Initial) DAVID S JOHNSON			Date of Receipt			
	Mailing Address P. O. Box 871129			12 28 2006			
	City	State	Zip Code	Transaction ID: 18345526			
	Stone Mountain	GA	30087-0029	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		85.00			
	Name of Employer David S. Johnson Insurance	Occupation Account I		7			
	Receipt For:		Executive • Year-to-Date ▼	-			
	Primary General	Aggregate		1			
	Other (specify)		1415.00				
Г							
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	135.00			
$\vdash$							

SCHEDULE A (FEC Form 3X)			He a second a selection of the selection	FOR LINE NUMBER: PAGE 101 / 140			
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)			
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12			
				13 14 15 16 17			
Ar	y information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
$\rangle$	National Association of Health Underwr	iters PAC (	HUPAC)				
Α.	Full Name (Last, First, Middle Initial) ERIC D. JOHNSON			Date of Receipt			
	Mailing Address 3510 Willow Ridge Driv	е		12 28 2006			
	City	State	Zip Code	Transaction ID: 18345527			
	Arlington	TX	76017	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer BenefitPort Southwest	Occupation Life & He	n alth Agent				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		330.00	1			
	Other (specify)		000.00	J.			
— В.	Full Name (Last, First, Middle Initial) RANDY C. JOPPIE			Date of Receipt			
	Mailing Address 5075 Cascade Road SE	=		M M / D D / Y Y Y Y			
	City	State	Zip Code	12 28 2006			
	Grand Rapids	MI	49546	Transaction ID: 18345533  Amount of Each Receipt this Period			
	•		49340	Amount of Each Neceipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Collins & Associates Corp-	Occupation					
	oration Receipt For:		of Employee Benefits  • Year-to-Date ▼	_			
	Primary General	Aggregate	rtear-to-Date V	1			
	Other (specify) ▼		1200.00				
<u> </u>	Full Name (Last, First, Middle Initial) MARK D. KENNEDY			Date of Receipt			
	Mailing Address 1173 Brittmoore Road			12 28 2006			
	City	State	Zip Code	Transaction ID: 18345536			
	Houston	TX	77043-5003	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Benefit Concepts Inc.	Occupation Insurance					
	Receipt For:		Year-to-Date ▼				
	Primary General		960.00	1			
	Other (specify)		300.00	1			
5	UBTOTAL of Receipts This Page (optional)			210.00			
$\vdash$	ago (optional)			-			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 / 140				
ıт	EMIZED RECEIPTS	or each category of the		(check only one)				
•••	LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
abla	NAME OF COMMITTEE (In Full)							
$ \rangle$	National Association of Health Underwrite	ers PAC (	HUPAC)					
Α.	Full Name (Last, First, Middle Initial) ROY W KERN			Date of Receipt				
	Mailing Address 1722 S Glenstone Ave St P.O. Box 10906 GS	e II		12 28 2006				
	City	State	Zip Code	Transaction ID: 18345538				
	Springfield	MO	65804-1516	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Roy W Kern's Accordates	Occupation		7				
	Receipt For:		Year-to-Date ▼	$\dashv$				
	Primary General	Aggregate	Teal-10-Date	1				
	Other (specify) ▼		240.00					
В.	Full Name (Last, First, Middle Initial) JOHN KIEBLER			Date of Receipt				
	Mailing Address 300 West Vine Street			12 28 2006				
	City	State	Zip Code	Transaction ID: 18345539				
	Lexington	KY	40507-1621	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		30.00				
	Name of Employer CHA Health	Occupation	า					
	CHA Health	Insurance	e Agent					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	1 1	480.00					
<u> </u>	Full Name (Last, First, Middle Initial) LAURIE J KIRKLAND			Date of Receipt				
<b>J</b> .	Mailing Address PO Box 10088			M M / D D / Y Y Y Y				
				12 28 2006				
	City	State	Zip Code	Transaction ID: 18345540				
	Yakima	WA	98909-1088	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Congyor Incirropoo Inc	Occupation		7				
	Receipt For:		Year-to-Date ▼	7				
	Primary General	29 29-11		1				
	Other (specify) ▼	0 0	345.00					
	LIPTOTAL of Possints This Page (action-1)			80.00				
L	UBTOTAL of Receipts This Page (optional)							

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 103				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
				13   14   15   16   17			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	not be sold or used by any person	on for the purpose of soliciting contributions			
<u>~</u>	NAME OF COMMITTEE (In Full)	arric aria ade	reso of any political committee to	Soliot contributions from such committee.			
$  \rangle$	National Association of Health Underwr	itors DAC (	HI IDAC)				
	National Association of Health Onderwi	ileis PAC (	HOPAC)				
_	Full Name (Last, First, Middle Initial)						
Α.	JESSICA L LAGUSCH			Date of Receipt			
	Mailing Address 445 Hutchinson Avenue	, Suite 240		12 28 2006			
	City	State	Zip Code	Transaction ID: 18345543			
	Columbus	ОН	43235-8617	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		20.00			
	Name of Employer	Occupation	`	_			
	Name of Employer UnumProvident		Consultant				
	Receipt For:		Year-to-Date ▼	-			
	Primary General	7.99.094.0		1			
	Other (specify) ▼		290.00				
				•			
В.	Full Name (Last, First, Middle Initial) THOMAS W LANE			Data of Pagaint			
Ь.	Mailing Address PO Box 5504			Date of Receipt			
	Walling / (datess   1 0 B0 x 3304			12 28 2006			
	City	State	Zip Code	Transaction ID: 18345545			
	Maryville	TN	37802-5504	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		10.00			
	federal political committee.			10.00			
	Name of Employer NAHU	Occupation	1	7			
	NAHU	Insurance	e Agent				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		245.00				
	Other (specify)		2+3.00				
_	Full Name (Last, First, Middle Initial)						
C.	SUE LARSEN			Date of Receipt			
	Mailing Address P.O. Box 6465			M M / D D / Y Y Y Y			
	City	State	Zip Code	12 28 2006			
	Santa Barbara	CA	93111-1925	Transaction ID: 18345546  Amount of Each Receipt this Period			
			95111-1925	Amount of Each neceipt this Period			
	FEC ID number of contributing federal political committee.	C		75.00			
	Name of Employer Larsen Insurance	Occupation					
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	$\dashv$			
	Primary General	Ayyreyale	י ו כמו־נט־טמנכ <b>ע</b>				
	Other (specify)		850.00				
				1			
	-						
s	UBTOTAL of Receipts This Page (optional)			105.00			
$\vdash$	,						

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 104 / 140 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwr	iters PAC (	HUPAC)	
<b>A</b> .	Full Name (Last, First, Middle Initial) ROBERT M LAY			Date of Receipt
	Mailing Address 3112 Forest Avenue	0	7: 0 1	12 28 2006
	City Fort Worth	State TX	Zip Code 76112-7002	Transaction ID: 18345549  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10121002	25.00
	Name of Employer Lay & Williams Insurance Services	Occupation	e Agent	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) MARILYN LEONARD			Date of Receipt
	Mailing Address 3676 Woodley Drive			12 28 7 2006
	City	State	Zip Code	Transaction ID: 18345551
	San Jose  FEC ID number of contributing federal political committee.	CA	95148-2829	Amount of Each Receipt this Period  30.00
	Name of Employer Beacon Ridge Health Insur- ance Services	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		230.00	
— Э.	Full Name (Last, First, Middle Initial) RONALD M LEVINE			Date of Receipt
	Mailing Address 3965 Johns Creek Ct., S	Suite- A		12 28 2006
	City	State	Zip Code	Transaction ID: 18345552
	Suwanee	GA	30024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer ARINSO International		sident of Sales, SE	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	
S	UBTOTAL of Receipts This Page (optional)			85.00
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 105 / 140				
	EMIZED RECEIPTS	or each category of the		(check only one)				
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12				
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14 15 16 17				
or	ny information copied from such Reports and States for commercial purposes, other than using the i	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$\rangle$	National Association of Health Underwr	iters PAC (	HUPAC)					
Α.	Full Name (Last, First, Middle Initial) NICHOLAS S. MASSEI, JR			Date of Receipt				
	Mailing Address 832 Humewick Way			12 28 2006				
	City	State	Zip Code	Transaction ID: 18345559				
	Sunnyvale	CA	94087-3534	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Massei Insurance Services	Occupation	า					
	Massei Insurance Services Agency	Insurance	e Agent					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		300.00					
	Other (specify)	0 0	300.00					
В.	Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK			Date of Receipt				
	Mailing Address PO Box 38248			M M / D D / Y Y Y Y				
	3300 Battleground Ave.			12 28 2006				
	City	State	Zip Code	Transaction ID: 18345560				
	Greensboro	NC	27438-8248	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		85.00				
	Name of Employer EbenConcepts Company	Occupation Insurance						
	Receipt For:		Year-to-Date ▼					
	Primary General		1100.00	1				
	Other (specify) ▼	0 0	1120.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) CHRISTA MCCONATHY			Date of Receipt				
	Mailing Address 5171 Verdugo Way			12 28 2006				
	City	State	Zip Code	Transaction ID: 18345563				
	Ventura	CA	93004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		85.00				
	Name of Employer Golden West Dental Health Plan	Occupation Insurance						
	Receipt For:		Year-to-Date ▼	7				
	Primary General	00 0		1				
	Other (specify) ▼		530.00					
_								
				200.00				
S	SUBTOTAL of Receipts This Page (optional)							

_ `	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 106 / 140
IT	EMIZED RECEIPTS		or each category of the	(check only one)    X   11a
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	arrio arra aac	areas or arry pointed committee to	solidi contributione morn such committee.
$\rangle$	National Association of Health Underwri	ters PAC (	HUPAC)	
۸.	Full Name (Last, First, Middle Initial) JOHN R MCCONNAUGHEY			Date of Receipt
	Mailing Address PO Box 805	01-1-	7'- 0-1-	12 / 28 / 2006
	City West Chester	State OH	Zip Code 45071-0805	Transaction ID: 18345564  Amount of Each Receipt this Period
	FEC ID number of contributing		43071-0603	
	federal political committee.	C		30.00
	Name of Employer JRM & Associates Agency Inc	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		455.00	]
3.	Full Name (Last, First, Middle Initial) H Luke MCDERMOTT			Date of Receipt
	Mailing Address 883 West Baxter Drive			12 28 2006
	City	State	Zip Code	Transaction ID: 18345565
	South Jordan	UT	84095-8506	Amount of Each Receipt this Period
	EEC ID number of contributing	_   _ '		05.00
	FEC ID number of contributing federal political committee.	C		85.00
	federal political committee.  Name of Employer McDermott Company & Assoc-	Occupation Insurance		85.00
	Name of Employer McDermott Company & Associates Receipt For:	Occupation Insurance		85.00
	Name of Employer McDermott Company & Associates	Occupation Insurance	e Agent	85.00
	Name of Employer McDermott Company & Associates Receipt For: Primary General	Occupation Insurance	e Agent e Year-to-Date ▼	Date of Receipt
<b>C</b> .	Full Name (Last, First, Middle Initial)  Name of Employer McDermott Company & Associates Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance	e Agent e Year-to-Date ▼	
<b>-</b> .	Name of Employer McDermott Company & Associates Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial) WARD MCKALSON  Mailing Address 532 Pajaro Street  City	Occupation Insurance Aggregate	e Agent e Year-to-Date ▼  935.00  Zip Code	Date of Receipt
<b></b>	Full Name (Last, First, Middle Initial) WARD MCKALSON Mailing Address 532 Pajaro Street  City Salinas	Occupation Insurance Aggregate	e Agent e Year-to-Date ▼ 935.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>-</b> .	Name of Employer McDermott Company & Associates Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial) WARD MCKALSON  Mailing Address 532 Pajaro Street  City	Occupation Insurance Aggregate	e Agent e Year-to-Date ▼  935.00  Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
<b>-</b> .	Full Name (Last, First, Middle Initial) WARD MCKALSON Mailing Address 532 Pajaro Street  City Salinas  Fed Employer McSalinas  FEC ID number of contributing	Occupation Insurance Aggregate State CA	e Agent e Year-to-Date ▼  935.00  Zip Code 93901-3346	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Receipt For:  Name of Employer McDermott Company & Associates Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) WARD MCKALSON  Mailing Address 532 Pajaro Street  City Salinas  FEC ID number of contributing federal political committee.  Name of Employer McKalson Insurance Agency  Receipt For: Primary General	State CA  C  Occupation President	e Agent e Year-to-Date ▼  935.00  Zip Code 93901-3346  t e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Receipt For:    Name of Employer McDermott Company & Associates   Receipt For:   General   Other (specify) ▼	State CA  C  Occupation President	e Agent e Year-to-Date ▼  935.00  Zip Code 93901-3346	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Receipt For:  Name of Employer McDermott Company & Associates Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) WARD MCKALSON  Mailing Address 532 Pajaro Street  City Salinas  FEC ID number of contributing federal political committee.  Name of Employer McKalson Insurance Agency  Receipt For: Primary General	State CA C Occupation President Aggregate	e Agent e Year-to-Date ▼  935.00  Zip Code 93901-3346  e Year-to-Date ▼  340.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			l la a anavata a abadula(a)	FOR LINE NUMBER: PAGE 107 / 140			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
<u>~</u>	NAME OF COMMITTEE (In Full)	Tarrio aria aac	noce of any pointed committee to	Control Contro			
$  \rangle$	National Association of Health Underwr	iters PAC (	HUPAC)				
	Transfig. 7.0000 and of 7.10anii 7.11anii	110101710					
_	Full Name (Last, First, Middle Initial)						
A.	DANIEL W. MCMAHON			Date of Receipt			
	Mailing Address 123 East 2nd Avenue			12 28 2006			
	City	State	Zip Code	Transaction ID: 18345567			
	Spokane	WA	99202-1504	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		50.00			
	Name of Employer	Occupation	<u> </u>	$\dashv$			
	Name of Employer Jones & Mitchell Insurance	Benefits I					
	Receipt For:		Year-to-Date ▼				
	Primary General		040.00	1			
	Other (specify) ▼	0 0	640.00				
_							
В.	Full Name (Last, First, Middle Initial) TRAVIS S. MIDDLETON			Date of Receipt			
٥.	Mailing Address 20501 Katy Freeway, #	219		M M / D D / Y Y Y Y			
				12 28 2006			
	City	State	Zip Code	Transaction ID: 18345569			
	Katy	TX	77450-1935	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		100.00			
	federal political committee.						
	Name of Employer TradeMark Insurance Agency	Occupation	1				
		Insurance					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		1100.00				
	Ctrici (Specify) •			1			
_	Full Name (Last, First, Middle Initial)						
C.	CAROLYNNE E. MULDOON			Date of Receipt			
	Mailing Address 457 Main Street			12 28 2006			
	City	State	Zip Code	Transaction ID: 18345575			
	Longmont	CO	80501-5534	Amount of Each Receipt this Period			
	FEC ID number of contributing		1 1 1 1 1	30.00			
	federal political committee.	C		30.00			
	Name of Employer	Occupation	<u> </u>	7			
	Milestone Insurance Agency	Owner					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		455.00	1			
	Other (specify)		455.00	1			
$\overline{}$							
,	IIPTOTAL of Possinto This Page (antion-1)			180.00			
$\vdash$	UBTOTAL of Receipts This Page (optional)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE N		PAGE 108/140
TEMIZED RECEIPTS			or each category of the	(check only or	,	44. 🗖 46
•			Detailed Summary Page	X 11a 13	11b	11c   12 15   16   17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso			
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributi	ons from s	uch committee.
	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Health Underwrit	ers PAC (	HUPAC)			
•	Full Name (Last, First, Middle Initial)					
۹.	LINDA J NEW			Date of Re	eceipt	
	Mailing Address P. O. Box 28543			1 2	28	2006
	City	State	Zip Code	Transaction		
	Austin	TX	78755-8543			eipt this Period
	FEC ID number of contributing	<u> </u>			1 1	20.00
	federal political committee.	C			1 1	20.00
	Name of Employer New Insurance Benefits	Occupation	1			
		Insurance				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	'''	240.00			
	Other (specify) \					
	Full Name (Last, First, Middle Initial)			1		
3.	FRANK R NOVY			Date of Re	eceipt	
	Mailing Address 21238 Woodview Circle	ng Address 21238 Woodview Circle				2006
	City	State	Zip Code	1 2 Transaction	28 on ID: 183	
	Strongsville	ОН	44149-9261			eipt this Period
	FEC ID number of contributing					30.00
	federal political committee.	C				50.00
	Name of Employer Qualified Administrative	Occupation	1			
	Qualified Administrative Services Inc	Insurance				
	Receipt For:	Aggregate	Year-to-Date ▼	.		
	Primary General Other (specify) ▼		300.00			
	Cutor (Specify)		0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)			1_		
j.	NICHOLAS Alan OGDEN			Date of Re		
	Mailing Address PO Box 3725			1 2	28	2006
	City	State	Zip Code	Transactio	on ID: 183	345582
	Wilmington	NC	28406	Amount of	Each Rec	eipt this Period
	FEC ID number of contributing	C				20.00
	federal political committee.					
	Name of Employer David Hill and Associates	Occupation				
	INC	Insurance		_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		240.00			
	·					70.00
s	UBTOTAL of Receipts This Page (optional)		······			70.00
T	OTAL This Period (last page this line number on					
•	CIAL THIS I CHOO (IQST PAYE THIS HITE HUMIDEL OF	y,	······································			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 109 / 140 (check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite		• •	
۸.	Full Name (Last, First, Middle Initial) JESSE A PATTON			Date of Receipt
	Mailing Address 1112 Maple Street			12 28 2006
	City	State	Zip Code	Transaction ID: 18345589
	West Des Moines	IA	50265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		225.00
	Name of Employer Associations Marketing Group Inc.	Occupation CEO/Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		3060.00	
3.	Full Name (Last, First, Middle Initial) SUSAN Maley RASH			Date of Receipt
	Mailing Address 2108 West Laburnum Av	enue, Suit	re 3	12 28 2006
	City	State	Zip Code	Transaction ID: 18345602
	Richmond	VA	23227-4300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer BB&T Benefit Consultants	Occupation		7
	of Virginia	Vice Pres		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		600.00	
Э.	Full Name (Last, First, Middle Initial) JON C RAUSER			Date of Receipt
Mailing Address 400 East Wisconsin Avenue, # 2				12 28 2006
	City	State	Zip Code	Transaction ID: 18345603
	Milwaukee	WI	53202-4499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer The Rauser Agency Inc.	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2040.00	
SI	UBTOTAL of Receipts This Page (optional)			445.00
_				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 110 / 140 (check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
<u>~</u>	NAME OF COMMITTEE (In Full)		nood of any political definition to	
$\rangle$	National Association of Health Underwrit	ers PAC (	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) MICHAEL A. RIVERA			Date of Receipt
	Mailing Address 12200 Northwest Freewa	y, Suite 66	62	1 2 2 8 2 0 0 6
	City	State	Zip Code	Transaction ID: 18345609
	Houston	TX	77092-4927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Northwest General Insuran-	Occupation Insurance		
	ce Receipt For:		Year-to-Date ▼	
	Primary General		635.00	
	Other (specify) ▼	0 0	033.00	
3.	Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON			Date of Receipt
	Mailing Address 739 East Jackson Street			1 2 2 8 2 0 0 6
City State		State	Zip Code	Transaction ID: 18345612
	Martinsville	IN	46151-2033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Community Mutual	Occupation		7
	Insurance Receipt For:	Insurance	e Agent Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	350.00	
).	Full Name (Last, First, Middle Initial) EDWARD L. ROLING			Date of Receipt
Mailing Address 343 Six Forks Road				12 28 2006
	City	State	Zip Code	Transaction ID: 18345613
	Raleigh	NC	27609-7800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
Delta Dental of North Car- olina Inc. Insuran		Occupation		
			Year-to-Date ▼	
	Primary General	25 5 11		
	Other (specify) ▼		460.00	
s	UBTOTAL of Receipts This Page (optional)			145.00
			<u>-</u>	

S	CHEDULE A (FEC Form 3X)		Llog congrete as least the fall	FOR LINE N	_	PAGE 111 / 140
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only o	ne)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c   12
_				13	14	15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and ado	rnot be sold or used by any perso dress of any political committee to	n for the purpos solicit contributi	e of solicit ons from s	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Health Underwrite	rs PAC (	HUPAC)			
۹.	Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO			Date of Re	eceipt	
	Mailing Address 15 Kennedy Drive			1 2	28	2006
	City	State	Zip Code	Transaction		
	Budd Lake	NJ	07828-1438	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C				50.00
	The Buggier's Group LLC	Occupation nsurance				
			Year-to-Date ▼			
	Primary General		F00.00			
	Other (specify) ▼	0 0	590.00			
3.	Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO			Date of Re	eceipt	
	Mailing Address 357 Sanford Drive		12	28	2006	
	City	Zip Code	Transaction	Transaction ID: 18345619		
	Morganton	NC	28655	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С				50.00
	Name of Employer	Occupation	1			
	-176	nsurance	<del>-</del>			
		Aggregate	Year-to-Date ▼			
	Primary ☐ General Other (specify) ▼		600.00			
	Full Name (Last, First, Middle Initial) ALFONSO C. SCHIEBEL			Date of Re		
	Mailing Address 200 Sandy Springs Pl., #3	300A		M M /	D D	/ <b>Y Y Y Y</b>
				1 2	28	2006
	City	State	Zip Code	Transaction		
	Atlanta	GA	30328-5918	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C				33.00
	Achford Advicore Inc	Occupation Insurance				
			Year-to-Date ▼			
	Primary General		516.00			
	Other (specify)	0 0	310.00			
s	UBTOTAL of Receipts This Page (optional)					133.00
_			-		-	
T	OTAL This Period (last page this line number only	)	<b>&gt;</b>			

				<u> </u>
SCHEDULE A (FEC Form 3X)			l le conservate de la división	FOR LINE NUMBER: PAGE 112 / 140
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
II EMIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	ters PAC (	HUPAC)	
Α.	Full Name (Last, First, Middle Initial) MEL A SCHLESINGER			Date of Receipt
	Mailing Address PO Box 30100			12 28 2006
	City	State	Zip Code	Transaction ID: 18345621
	Winston Salem	NC	27130-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer The Rainmakers Group Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	1130.00	1
	Other (specify)		1130.00	]
— В.	Full Name (Last, First, Middle Initial) JAMES D SCHULZ			Date of Receipt
	Mailing Address 7101 S. 82nd St.			12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18345623
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Midlands Financial Benefi-	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		960.00	1
	Other (specify) ▼	0 0	960.00	
_	Full Name (Last, First, Middle Initial)			
C.	JEFFREY SHERROD			Date of Receipt
	Mailing Address 1203-B West Loop 281,	Suite 103		12 28 2006
	City	State	Zip Code	Transaction ID: 18345626
	Longview	TX	75604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Principal Life Insurance	Occupation		7
	Co.	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	330.00	
	Other (specify) ▼	0 0		1
٩	UBTOTAL of Receipts This Page (optional)			195.00
1				

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 113 / 140	
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)	
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Δr	y information copied from such Reports and St	atemente ma	, not he sold or used by any ners		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	National Association of Health Underwin	riters PAC (	HUPAC)		
Α.	Full Name (Last, First, Middle Initial) BOB G SHUPE			Date of Receipt	
Α.	Mailing Address PO Box 2344			M M / D D / Y Y Y Y	
	Walling / Rd 1000   1 0 B0X 2044			12 28 2006	
	City	State	Zip Code	Transaction ID: 18345627	
	Brentwood	TN	37024-2344	Amount of Each Receipt this Period	
	FEC ID number of contributing			50.00	
	federal political committee.	C		50.00	
	Name of Employer ESP Inc	Occupation			
		Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	520.00		
	Other (specify)	0 0	0 0 0 0 0 0 0	1	
— В.	Full Name (Last, First, Middle Initial) JON SIVERS			Date of Receipt	
٥.	Mailing Address 10731 Treena St., # 10	<u>α</u>		M M / D D / Y Y Y Y	
	Toron Trocha St., # 10		12 28 2006		
	City	State	Zip Code	Transaction ID: 18345628	
	San Diego	CA	92131-1040	Amount of Each Receipt this Period	
	FEC ID number of contributing			30.00	
	federal political committee.	C		30.00	
	Name of Employer BenefitPro Insurance Serv-	Occupation	n	_	
	BenefitPro Insurance Services Inc.	Insurance	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		000.00	1	
	Other (specify)		260.00	]	
_	Full Name (Last, First, Middle Initial)				
U.	ANNE P SPERLING  Mailing Address 25 Antiqua Road			Date of Receipt	
	Mailing Address 25 Antigua Road			12 28 2006	
	City	State	Zip Code	Transaction ID: 18345634	
	Santa Fe	NM	87508-2201	Amount of Each Receipt this Period	
	FEC ID number of contributing			40.00	
	federal political committee.	C		40.00	
	Name of Employer Daniels Insurance Inc.	Occupation			
			e Benefits Manager	$\dashv$	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	-	
	Other (specify)	' '	340.00		
	□ Other (Speeliy) ♥	0 0	0 0 0 0 0 0 0	1	
	IIDTOTAL of Possinto This Page (anti-unit			120.00	
$\vdash$	UBTOTAL of Receipts This Page (optional)				

SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 114 / 140		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	ny information copied from such Reports and St	atements may	not he sold or used by any ners			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$  \rangle$	National Association of Health Underwi	riters PAC (	HUPAC)			
	Transfer Association of Frontier Office Wil	(10.017.0	. 101 7.0)			
	Full Name (Last, First, Middle Initial)					
A.	NORMAN D. SPRINGER			Date of Receipt		
	Mailing Address 1626 East 203rd Street			M M / D D / Y Y Y Y		
				12 28 2006		
	City	State	Zip Code	Transaction ID: 18345635		
	Westfield	IN	46074-9687	Amount of Each Receipt this Period		
	FEC ID number of contributing			30.00		
	federal political committee.	C		30.00		
	Name of Employer	10		_		
	Name of Employer American Community Mutual	Occupation				
	Deseited Four	Insurance		$\dashv$		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	_		
	Other (specify)		390.00			
	Cirici (Specify)	0 0		4		
_	Full Name (Last, First, Middle Initial)			+		
В.				Date of Receipt		
	Mailing Address 1000 South Cleveland-	Massillon R	d.	M M / D D / Y Y Y Y		
			,	12 28 2006		
	City	State	Zip Code	Transaction ID: 18345637		
	Akron	OH	44333-9204	Amount of Each Receipt this Period		
	FEC ID number of contributing			20.00		
	federal political committee.	C		20.00		
	Name of Employer	Occupation	<u> </u>	$\dashv$		
	Name of Employer Benefit Designs Inc.	Insurance				
	Receipt For:		e Year-to-Date ▼	$\dashv$		
	Primary General	7.99.094.0	· · · · · · · · · · · · · · · · · · ·	7		
	Other (specify)		240.00			
			0 0 0 0 0 0 0	4		
_	Full Name (Last, First, Middle Initial)					
C.	JAMES R STENGER			Date of Receipt		
	Mailing Address 268 South Street			M M / D D / Y Y Y Y		
	Oth.	C+-+-	7:- Cada	12 28 2006		
	City	State	Zip Code	Transaction ID: 18345638		
	Morristown	NJ	07960-6019	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		170.00		
	federal political committee.					
	Name of Employer	Occupation	n	□ □		
	NAS Financial Services	Principal				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		1500.00	1		
	Other (specify) ▼		1520.00	J		
_						
				200.00		
s	UBTOTAL of Receipts This Page (optional)			220.00		
$\vdash$				-		

SC	CHEDULE A (FEC Form 3X)		Llaa aanarata aahadula(a)	FOR LINE N		PAGE 115 / 140
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only o	ne)	
IT LIVIIZED RECEIP 13			Detailed Summary Page	X 11a	11b	11c 12
				13	14	15 16 17
An	y information copied from such Reports and State or commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpos	e of solicit	ing contributions
	NAME OF COMMITTEE (In Full)	inc and add	ress of any political committee to	3011CIT CONTINUE	0113 110111 3	den committee.
	, ,	oro DAC (	LILIDAC)			
	National Association of Health Underwrite	ers PAC (	nurac)			
	Full Name (Last, First, Middle Initial)					
	PHYLLIS SWEEZY			Date of R	eceipt	
	Mailing Address P O Box 1769			1 2	DDD	7 7 7 7
	Cit.	Ctata	7in Cada		28	2006
	City	State NC	Zip Code	Transaction		
	Morganton	INC	28680-1769	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing	C				10.00
	federal political committee.					
	Name of Employer Black & Associates LLC	Occupation	1			
	Black & Associates LLC	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		245.00			
	Other (specify)		243.00			
_	Full Name (Last, First, Middle Initial) PAUL D TAYLOR			Date of Re	eceint	
	Mailing Address 5007 Carriage Drive Suite	- G-1		M M M	DDD	/ <b>Y Y Y Y</b>
	Maining / Idai 233 300 / Carriage Drive Suite	<del>-</del> u-1		1 2 1	28	2006
	City	State	Zip Code	Transaction	on ID: 18	345648
	Roanoke	VA	24018-1937			ceipt this Period
	FEC ID number of contributing				1 1	00.00
	federal political committee.	C			1 1	20.00
	Name of Familian	O		_		
	Name of Employer Taylor Insurance	Occupation President				
	Receipt For:		Year-to-Date ▼	-		
	Primary General	Aggregate	Teal-to-Date ♥			
	Other (specify)		240.00			
	Full Name (Last, First, Middle Initial)			1		
	DONALD B THOMPSON			Date of R	eceipt	
	Mailing Address 9700 Ormsby Station Rd	., # 200		1 2	28	2006
	City		Zip Code			
	Louisville	State KY	40223-4207	Transactio		ceipt this Period
FEC ID number of contributing federal political committee.			TULEU TEU1	Amount	Lacii nec	ceipi iriis r eriou
		C				150.00
	Name of Employer Thompson Associates Inc.	Occupation				
	·	Insurance		4		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General  Other (specify) ▼		1800.00			
	☐ Other (specify) ♥					
Ç1	JBTOTAL of Receipts This Page (optional)					180.00
30	DETOTAL OF HEGERPLS THIS Fage (optional)		······			

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 116 / 140		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Health Underwrit	ters PAC (	(HUPAC)			
۹.	Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS			Date of Receipt		
	Mailing Address 2255 Glades Road, Suite	e 420A		12 28 2006		
	City	State	Zip Code	Transaction ID: 18345650		
	Boca Raton	FL	33431-7379	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer John Hancock	Occupation				
	Receipt For:		e Year-to-Date ▼	1		
	Primary General Other (specify) ▼		1140.00			
 3.	Full Name (Last, First, Middle Initial) CHARLES TROGDON			Date of Receipt		
	Mailing Address 7910 North Ingram Aven	ue, Suite	20	12 28 2006		
	City	State Zip Code				
	Fresno	CA	93711-5828	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		30.00		
	Name of Employer Gallagher Benefit Services	Occupation Insurance				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	560.00			
 C.	Full Name (Last, First, Middle Initial) PETER VINTON			Date of Receipt		
	Mailing Address 9480 Deereco Road			12 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 18345655		
	Timonium	MD	21093-2102	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer Corporate Coverage LLC	Occupation Insurance				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 960.00			
SUBTOTAL of Receipts This Page (optional)						
			•			
T	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 117 / 140
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
A.	Full Name (Last, First, Middle Initial) M HUGHES WAREN, JR			Date of Receipt
	Mailing Address P.O. Box 7661			12 28 7 2006
	City	State	Zip Code	Transaction ID: 18345657
	Wilmington	NC	28406-7661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Ebenconcepts Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 15		1
	Other (specify) ▼	1	480.00	
				d .
В.	Full Name (Last, First, Middle Initial) AMY R WEBB			Date of Receipt
	Mailing Address 7 E. Main Street			M M / D D / Y Y Y Y
	Suite 200	01-1-	7'- 0-4-	12 28 2006
	City	State	Zip Code	Transaction ID: 18345659
	Moorestown	NJ	08057-3831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	rederal political committee.			
	Name of Employer Saratoga Benefit Services	Occupation		
	LLC.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		240.00	
	Other (specify)			
— С.	Full Name (Last, First, Middle Initial) JENNIFER L. WENKE			Date of Receipt
٥.	Mailing Address 1395 Panther Lane, Sui	te 100		M M / D D / Y Y Y Y
	1000 Faither Earle, Cui	100		12 28 2006
	City	State	Zip Code	Transaction ID: 18345662
	Naples	<u>FL</u>	34109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Lutgert Smith Lesher Insu-		mer Service Rep - L & H	
	rance Inc. Receipt For:		Year-to-Date ▼	
	Primary General	199.194		1
	Other (specify) ▼		550.00	
				1
s	UBTOTAL of Receipts This Page (optional)			90.00
$\vdash$	,			-

COUEDINE A (EEC Form 2V)		]		FOR LINE NUMBER: PAGE 118 / 140	
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)	
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Δr	y information copied from such Reports and Sta	atamante mav	y not he sold or used by any ners		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Health Underwr	iters PAC (	HUPAC)		
Α.	Full Name (Last, First, Middle Initial) KELLY J WITT			Date of Receipt	
	Mailing Address 2677 N. Main St. #350			12 28 2006	
	City	State	Zip Code	Transaction ID: 18345665	
	Santa Ana	CA	92705-6750	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer LISI	Occupation Regional	ո Sales Manager		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		200 00	1	
	Other (specify) ▼		300.00		
В.	Full Name (Last, First, Middle Initial) DIANALOU WOLFF			Date of Receipt	
	Mailing Address 106 Main Street			12 28 2006	
	City	State	Zip Code	Transaction ID: 18345666	
	Kingston	NY	12401	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer	Occupation	 1	-	
	Name of Employer Benefit Counseling Associ- ates		Health Benefit Specialist		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		210.00		
_	Full Name (Last, First, Middle Initial)			Date of Descript	
U.	BARBARA WONG Mailing Address 1311   Street			Date of Receipt	
	Mailing Address 1311 L Street			12 28 2006	
	City	State	Zip Code	Transaction ID: 18345667	
	Anchorage	AK	99501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer	Occupation	1	7	
	Capital Management Benefits Corp.	Insurance			
	Receipt For:		Year-to-Date ▼	7	
	Primary General	55 - 5-40		1	
	Other (specify) ▼	1	600.00		
				*	
	•				
s	UBTOTAL of Receipts This Page (optional)		<b>I</b>	105.00	
$\vdash$				-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 140 (check only one)    X   11a			
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrit	ers PAC (	HUPAC)				
A	National Association of Health Underwriters PAC (HUPAC)  Full Name (Last, First, Middle Initial)  DENNIS E. WRIGHT  Mailing Address 111 East Ludwig Road, Suite 108  City State Zip Code IN 46825-4240  EEC ID number of contributing ederal political committee.  Dame of Employer entraHealth Solutions In- Execeipt For: Primary General Other (specify) ▼  Cull Name (Last, First, Middle Initial)  FRACY Q BRADFORD  Mailing Address 119 South Main Street, Suite 560  City State Zip Code Memphis TN 38103		Date of Receipt    M				
	FEC ID number of contributing federal political committee.  Name of Employer Synaxis Polk & Sullivan Insurance Receipt For:  Primary General Other (specify)	Occupation Insurance Aggregate		100.00			
Э.	Full Name (Last, First, Middle Initial) WILLIAM J. BRANNON Mailing Address 7 Terrace Way, Suite C  City State Zip Code Greensboro NC 27403-3666			Date of Receipt  1 2 3 0 2 0 0 6  Transaction ID: 18345693  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.  Name of Employer Group US Inc.  Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		25.00			
SUBTOTAL of Receipts This Page (optional)							
T	OTAL This Period (last page this line number on	lv)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a     11b     11c     12				
			13 14 15 16 17				
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
National Association of Health Underw	riters PAC	(HUPAC)					
Full Name (Last, First, Middle Initial)  G. Russell GARNER			Date of Receipt				
Mailing Address 1308 Murraywood Driv	re		12 30 7 9 9 9				
City	State	Zip Code	Transaction ID: 18345694				
<u>Columbia</u>	SC	29212-1159	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer	Occupation Insurance						
Receipt For:		e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	240.00					
Full Name (Last, First, Middle Initial)  3. PATRICE GOLDFARB	•		Date of Receipt				
Mailing Address 442 Teaneck Rd.			12 30 2006				
City	State	Zip Code	Transaction ID: 18345695				
Ridgefield Park	NJ	07660-1516	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		60.00				
Name of Employer The Employee Benefits Adv-	Occupatio						
isors Group Receipt For:	Insuranc	e Year-to-Date 🔻	-				
Primary General	1 33. 33		1				
Other (specify) ▼	0 0	680.00					
Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt				
Mailing Address 41 Notre Dame Lane			12 30 7 2006				
City	State	Zip Code	Transaction ID: 18345699				
<u>Utica</u>	NY	13502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		85.00				
Name of Employer Meridian Group of New York Inc.	Occupation Presiden						
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	990.00					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this line number	only)	<b>&gt;</b>					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 121 / 140
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
			, ,	13 14	15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting solicit contributions from su	ng contributions uch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Health Underwrit	ters PAC (	HUPAC)		
۹.	Full Name (Last, First, Middle Initial) ROBERT P POLI			Date of Receipt	
	Mailing Address 6101 Executive Boulevar	d, Suite 1	2	12 / 30	2006
	City	State	Zip Code	Transaction ID: 183	45703
	Rockville	MD	20852-3907	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			20.00
	Name of Employer Insurance Marketing Center Inc.	Occupation Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		240.00		
	Full Name (Last, First, Middle Initial) JOHN SUGG			Date of Receipt	
<b>J</b> .	Mailing Address 4108 Alcazar NE, Suite A	A		M M / D D D 1 1 2 3 0	2006
	City State Zip Code			Transaction ID: 183	
	Albuquerque	NM	87109-1809	Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer The Sugg Group LLC	Occupation Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		270.00		
 C.	Full Name (Last, First, Middle Initial) OWEN W. WINGATE			Date of Receipt	
	Mailing Address 155 Professional Dr			12 30	2006
	City	State	Zip Code	Transaction ID: 183	45714
	Ponte Vedra Beach	FL	32082-6217	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			40.00
	Name of Employer Wingate Insurance Group Inc.	Occupation Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
SI	UBTOTAL of Receipts This Page (optional)				90.00
	·				• • • • •
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: P (check only one)  X 11a 11b 11  13 14 15	<b>⊢</b> −
An or	y information copied from such Reports and Statemer for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting of solicitic solicit contributions from such	contributions committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwriters	PAC (I	HUPAC)		
<b>A</b> .	Wichita Falls  FEC ID number of contributing federal political committee.  Name of Employer Allred-Thompson-Mason-Daugherty Ins. Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	ccupation		Date of Receipt  M M M / 30  Transaction ID: 18345  Amount of Each Receipt	
3.	GREG A YODER  Mailing Address 1055 Minnesota Avenue  City S San Jose C  FEC ID number of contributing federal political committee.  Name of Employer Ray Silva Insurance Associates Inc.	ccupation		Date of Receipt    M M	
<b>-</b> .	Roanoke  V FEC ID number of contributing federal political committee.  Name of Employer Benefits Group Inc.  Occ Ins	ccupation surance		Date of Receipt  M M M / D D / 3 0  Transaction ID: 18345  Amount of Each Receipt	
s	UBTOTAL of Receipts This Page (optional)		······		160.00
T	OTAL This Period (last page this line number only)		•		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 123 / 140	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b	11c   12
	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		
$  \rangle$	National Association of Health Underwi	riters PAC (	HUPAC)		
	Transita / 10000 and of 110 and o	(10.017.0	1101710)		
_	Full Name (Last, First, Middle Initial)				
Α.	THOMAS SHORES			Date of Receipt	
	Mailing Address 8596 W Bolsa Ct.			12 30	
	City	State	Zip Code	Transaction ID: 18	
	Boise	ID	83709-5196	Amount of Each Re	
			00700 0100	Amount of Laciffic	1 1 1 1
	FEC ID number of contributing federal political committee.	C			20.00
				_	
	Name of Employer T.A. Shores Inc.	Occupation			
		_	Growth Specialist		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)		290.00		
	cc. (open.)/ •	0 0		1	
_	Full Name (Last, First, Middle Initial)				
В.	BRUCE D BENTON			Date of Receipt	
	Mailing Address 19528 Ventura Bouleva	ırd # 596		M M / D D	/ Y Y Y Y Y
	011	01-1-	7'- 0-4-	12 30	
	City	State	Zip Code	Transaction ID: 18	
	Tarzana	CA	91356-2917	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			85.00
	Tederal political committee.				
	Name of Employer Genesis SmithBenton Insur-	Occupation	1		
	ance & Financ	Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		505.00		
	Other (specify)				
	Full Name (Last, First, Middle Initial)			+	
C.	JOHN Philip GARVEN			Date of Receipt	
	Mailing Address 11715 East Main Street	t - PO Box 8	3	M M / D D	
				12 30	
	City	State	Zip Code	Transaction ID: 18	
	Huntley	<u> </u>	60142-6913	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			30.00
	federal political committee.				
	Name of Employer Benico LTD	Occupation	า		
	Benico LTD	Insurance	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		400.00	1	
	Other (specify)		100.00		
	IIPTOTAL of Receipts This Page (entire 1)		135.00		
$\vdash$	UBTOTAL of Receipts This Page (optional)		······	-	
_	OTAL This Period (last page this line number of	only)	<b>b</b>		
	· · · · · · · · · · · · · · · ·	<b>,</b> ,	······		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 124 / 140
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED HEGEN 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	ny information copied from such Reports and Sta	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
A.	Full Name (Last, First, Middle Initial) WILLIS H. GLAROS			Date of Receipt
	Mailing Address PO Box 184	<b></b>		12 30 2006
	City	State	Zip Code	Transaction ID: 18345725
	Dyer	IN	46311-0184	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Employer Benefit Systems	Occupation Insurance		
	Receipt For:		e Year-to-Date ▼	
	Primary General		765.00	7
	Other (specify)	0 0	700.00	
R	Full Name (Last, First, Middle Initial) PATRICIA A GRIFFEY			Date of Receipt
υ.	Mailing Address 227 Dixie Way North Su	ıite 210		M M / D D / Y Y Y Y
	Walling Address 227 Dixie Way North Suite 210			12 30 2006
	City	State	Zip Code	Transaction ID: 18345726
	South Bend	IN	46637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Page 1 Benefits Inc.	Occupation		
	-	Insurance	e Agent e Year-to-Date ▼	
	Receipt For:  Primary General	Aggregate	rear-lo-Dale V	-
	Other (specify)		535.00	
<u> </u>	Full Name (Last, First, Middle Initial) STEPHEN A GRIM			Date of Receipt
	Mailing Address P O Box 1105			M M / D D / Y Y Y Y
				12 30 2006
	City	State	Zip Code	Transaction ID: 18345727
	Virginia Beach	VA	23451-0105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Mid-Atlantic Agency Inc.	Occupation President		
		Aggregate	e Year-to-Date ▼	
	Primary General		1170.00	1
	Other (specify)		1170.00	1
s	LUBTOTAL of Receipts This Page (optional)			230.00
				_
Ιт	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 / 140
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	
or		me and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
/	National Association of Health Underwrite	ers PAC (	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) DWIGHT A. HALL			Date of Receipt
	Mailing Address 11555 North Meridian Str	eet, Suite		M M / D D / Y Y Y Y
	City	Stata	Zin Codo	12 30 2006
	City Carmel	State IN	Zip Code 46032-6945	Transaction ID: 18345728
			+0032-0343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Sagamore Health Network	Occupation	n Development Executive	
	Inc. Receipt For:		Year-to-Date $\nabla$	-
	Primary General	1.99.09410		
	Other (specify) ▼		370.00	
 3.	Full Name (Last, First, Middle Initial) ZAVEN KAZAZIAN			Date of Receipt
	Mailing Address 35 North Lake Avenue, S	uite 720		1 2 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18345731
	Pasadena	CA	91101-1856	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.			
	Name of Employer Garner Insurance Services	Occupation		7
		Insurance		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		975.00	
Э.	Full Name (Last, First, Middle Initial) WILLIAM Ben KEEL			Date of Receipt
	Mailing Address 22318 Provincial Bouleva	ırd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	1 2 3 0 2 0 0 6 Transaction ID: 18345732
	Katy	TX	77450-1622	Amount of Each Receipt this Period
	FEC ID number of contributing		7.100.1022	
	federal political committee.	C		30.00
	Financial & Incúranco Con	Occupation		
	sults	Insurance		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		270.00	
				145.00
S	UBTOTAL of Receipts This Page (optional)		······	143.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 126 / 140
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
			, -	13 14	15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting solicit contributions from su	ng contributions uch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71		
$\rangle$	National Association of Health Underwrit	ers PAC (	HUPAC)		
۸.	Full Name (Last, First, Middle Initial) JUAN LOPEZ			Date of Receipt	
	Mailing Address 1851 E. First Suite 1100			12 30	2006
	City	State	Zip Code	Transaction ID: 183	45734
	Orange	CA	92868-1538	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Kaiser Permanente	Occupation Manager	1		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify)		360.00		
3.	Full Name (Last, First, Middle Initial) CARLA MAGARITY			Date of Receipt	
	Mailing Address 20301 Ventura Blvd, Suite 310			12 / 30	2006
	City	State	Zip Code	Transaction ID: 183	45735
	Woodland Hills	CA	91364-0940	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	С			10.00
	Name of Employer Time Employee Benefits	Occupation			
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_	
	Primary General	Aggregate	: Teal-to-Date V	1	
	Other (specify) ▼	0 0	245.00		
).	Full Name (Last, First, Middle Initial) RYAN R. MCDERMOTT			Date of Receipt	
	Mailing Address 883 West Baxter Drive			1 2 / D D /	2006
	City	State	Zip Code	Transaction ID: 183	45737
	South Jordan	UT	84095-8506	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer McDermott Company & Assoc-	Occupation			
	iates	Insurance	-		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)	0 0	450.00		
s	UBTOTAL of Receipts This Page (optional)				70.00
	,			-	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 127 / 140
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	y information copied from such Reports and Sta	atements may	y not he sold or used by any ners	<del> </del>
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (	HUPAC)	
Α.				Date of Receipt
	Mailing Address 578 Washington Blvd.,	#801		12 30 2006
	City	State	Zip Code	Transaction ID: 18345739
	Marina del Rey	CA	90292-5442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer The Miles Organization Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		765.00	1
	Other (specify)	0 0	763.00	
В.	Full Name (Last, First, Middle Initial) RON J. NEZAT			Date of Receipt
	Mailing Address PO Box 91180			12 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18345740
	Lafayette	LA	70509-1180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Global Financial Resources Inc.	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		825.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) BRIAN URBAN			Date of Receipt
	Mailing Address P. O. Box 706			12 30 7 2006
	City	State	Zip Code	Transaction ID: 18345746
	Boys Town	NE	68010-0706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Corporate Resource Group Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify)		310.00	1
_				
s	UBTOTAL of Receipts This Page (optional)			200.00
Т	OTAL This Period (last page this line number o	nlv)		

SCHE	EDULE A (FEC Form 3X)			FOR LINE NUMBER	: PAGE 128/140
			Use separate schedule(s)	(check only one)	
ITEM	IZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15   16   17
Any info	ormation copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soli	citing contributions
or for co	ommercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions fron	n such committee.
\ NAM	ME OF COMMITTEE (In Full)				
> Nat	ional Association of Health Underwri	ters PAC (	HUPAC)		
<u>/</u>					
	Name (Last, First, Middle Initial) MAS L VOITER			Date of Receipt	
	ng Address 100 Amaryllis Drive			M M / D D	) / Y Y Y Y
iviaiii	100 Amaryllis Drive			1 2 3	
City		State	Zip Code	Transaction ID: 1	8345747
<u>Lafa</u>	ayette	LA	70503-3215	Amount of Each F	
FEC	ID number of contributing				00.00
	ral political committee.	C			80.00
Nom	on of Employer	Occupation		_	
	ne of Employer sician's Mutual Insura-	Insurance			
<u>nce</u> Rece	eipt For:		Year-to-Date ▼		
	Primary General	7.99.094.0	1 1 1 1 1 1 1 1		
	Other (specify) ▼	l	960.00		
				'	
_	Name (Last, First, Middle Initial)				
	WEBB			Date of Receipt	
Maili	ng Address 2108 24th St Ste 2			12 30	
City		State	Zip Code		
•	ersfield	CA	93301-3748	Transaction ID: 1	
		UA	90001-0740	Amount of Each F	receipt this Period
	ID number of contributing ral political committee.	C			85.00
	Tan pontida domininos.				
Nam The	ne of Employer Webb Insurance Group	Occupation			
			g Manager		
Rece	eipt For:    Primary   General	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		765.00		
	Ctrici (Specify)	1 1	0 0 0 0 0 0 0		
Full	Name (Last, First, Middle Initial)				
	HARD E. WHEELER			Date of Receipt	
Maili	ng Address 617 Highway 71, Buildin	g 2-6		M M / D D	
		Ot -1	7th Oad	12 30	
City	.11 -	State	Zip Code	Transaction ID: 1	
<u>Brie</u>		NJ	08730-1838	Amount of Each F	leceipt this Period
	ID number of contributing ral political committee.	C			30.00
rede	rai politicai committee.				
Nam	ne of Employer nard E. Wheeler Insura-	Occupation			
nce	Services	Insurance	-		
Rece	eipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	290.00		
	Other (specify)	-			
SHET	OTAL of Receipts This Page (optional)				195.00
SUBIC	FIAL OF Necespts This Page (optional)		······································		
TOTAL	This Period (last page this line number or	nly)	<b>&gt;</b>		
	,	- /	-		

S	CHEDULE A (FEC Form 3X)		Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 129 / 140
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and State for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full)	and add	iless of any political committee to	Solicit contributions from such committee.
	National Association of Health Underwr	itoro BAC (	LITIDAC)	
	National Association of Health Onderwi	ileis PAC (	nurau)	
_	Full Name (Last, First, Middle Initial)			B. (B. )
A.	RICHARD P COBURN			Date of Receipt
	Mailing Address 19 Minor Court			12 30 2006
	City	State	Zip Code	Transaction ID: 18345758
	San Rafael	CA	94903-3716	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		30.00
	Name of Employer Word & Brown	Occupation	1	┪
	Word & Brown	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	1
	Other (specify)		330.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 5880 Live Oak Parkwa	/		M M / D D / Y Y Y Y
	Suite 230	State	Zip Code	12 30 2006
	Norcross	GA	30092-2188	Transaction ID: 18345759
		<u>un</u>	30092-2100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Freedom	10		_
	Name of Employer DeBruin Benefit Services	Occupation Insurance		
	Inc./ AA LaR Receipt For:		Year-to-Date <b>V</b>	-
	Primary General	, iggi ogalo	Total to Bate V	1
	Other (specify) ▼		460.00	
				1
C.	Full Name (Last, First, Middle Initial) RICK G DYE			Date of Receipt
	Mailing Address 5910 Toole Drive, Suite	В		M M / D D / Y Y Y Y
				12 30 2006
	City	State	Zip Code	Transaction ID: 18345761
	Knoxville	<u>TN</u>	37919-4178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	rederal political committee.			
	Name of Employer Target Benefits Company	Occupation		
		Insurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		300.00	
	(Speeding) <b>\</b>		0 0 0 0 0 0 0	1
Г				
s	UBTOTAL of Receipts This Page (optional)			90.00
$\vdash$	,			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 1	130 / 140
	EMIZED RECEIPTS		or each category of the	(check only one)	10
•			Detailed Summary Page	X 11a 11b 11c 15	12 16
An	y information copied from such Reports and State	ments mav	not be sold or used by any perso		
or	y information copied from such Reports and State for commercial purposes, other than using the nan	ne and add	ress of any political committee to	solicit contributions from such comm	ittee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Health Underwrite	ers PAC (	HUPAC)		
	Full Name (Last, First, Middle Initial)				
۹.	DONALD W. GARLITZ			Date of Receipt	
	Mailing Address PO Box 50706				0 0 6
	City	State	Zip Code	Transaction ID: 18345762	000
	Provo	UT	84605-0706	Amount of Each Receipt this Pe	eriod
	FEC ID number of contributing	<u> </u>			30.00
	federal political committee.	C			50.00
	Name of Employer FirstWest Benefit Solutio-	Occupation	1	1	
	ns	Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		270.00		
	Other (speedily)	0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
3.	NICOLE Ellyce GUNIA			Date of Receipt	
	Mailing Address 354 Eisenhower Parkway Suite 2850				0 0 6
	City	State	Zip Code	Transaction ID: 18345765	
	Livingston	NJ	07039	Amount of Each Receipt this Pe	eriod
	FEC ID number of contributing	С			10.00
	federal political committee.				-
	Renefitmall '	Occupation			
		Insurance		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		225.00		
`	Full Name (Last, First, Middle Initial) BRENT G. JONES			Date of Receipt	
٥.	Mailing Address 1787 Tribute Road, Suite	F			YY
		_		12 30 2	006
	City	State	Zip Code	Transaction ID: 18345766	
	Sacramento	CA	95815-4404	Amount of Each Receipt this Pe	eriod
	FEC ID number of contributing federal political committee.	C			30.00
	Integrity Administrators	Occupatior President			
			Year-to-Date ▼	-	
	Primary General	33 3			
	Other (specify) ▼		270.00		
	L				
2	JBTOTAL of Receipts This Page (optional)				70.00
	COLOTAL OF HOCOIPES THIS Fage (optional)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 140 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY Mailing Address 120 East Washington Str	root		Date of Receipt
				12 30 2006
	City Plymouth	State IN	Zip Code 46563-1744	Transaction ID: 18345771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40303-1744	85.00
	Name of Employer KL Benefits	Occupation	e Agent	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00	
3.	Full Name (Last, First, Middle Initial) SUSAN TULLIS LUVISI Mailing Address 1665 San Marco Bouleva	ırd		Date of Receipt
	City	State	Zip Code	1 2 3 0 2 0 0 6 Transaction ID: 18345772
	Jacksonville	FL	32207-3001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer James F. Tullis & Associa-	Occupation Insurance		
	tes Inc. Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 240.00	
).	Full Name (Last, First, Middle Initial) KENNY L MASON			Date of Receipt
Mailing Address 1224 South River Road, Suite A		Suite A-20	03	12 30 2006
	City	State	Zip Code	Transaction ID: 18345774
	Saint George FEC ID number of contributing federal political committee.	C	84790-8318	Amount of Each Receipt this Period  20.00
	Name of Employer Southern Utah Insurance	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	
s	UBTOTAL of Receipts This Page (optional)			125.00
			<u>-</u>	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 132 / 140		
•		Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
		Dotailed Carimiary Fage	13 14 15 16 17		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
National Association of Health Underwrit	ters PAC (I	HUPAC)			
Full Name (Last, First, Middle Initial)  A. PATRICIA MILLER			Date of Receipt		
Mailing Address PO Box 8357			12 30 7 2006		
City	State	Zip Code	Transaction ID: 18345776		
Tyler	TX	75711-8357	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		20.00		
Name of Employer Hibbs-Hallmark & Company	Occupation Insurance				
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General		465.00			
Other (specify) ▼	0 0				
Full Name (Last, First, Middle Initial)  3. ALINE H. ROBERTS			Date of Receipt		
Mailing Address 3537 Old Conejo Road S	M M / D D / Y Y Y Y				
	12 30 2006				
City	State	Zip Code	Transaction ID: 18345784		
Newberry Park	CA	91320	Amount of Each Receipt this Period		
FEC ID number of contributing	С		170.00		
federal political committee.	0				
Name of Employer Insurance Dimensions	Occupation	1	7		
Insurance Dimensions	Insurance	e Agent			
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General	' '	1790.00			
Other (specify) ▼	0 0	1730.00			
Full Name (Last, First, Middle Initial)  C. GREG J. SEIFERT			Date of Receipt		
Mailing Address PO Box 189			M M / D D / Y Y Y Y		
916 Main Street		<b>—</b>	12 30 2006		
City	State	Zip Code	Transaction ID: 18345787		
Vancouver	WA	98666-0189	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer Biggs Insurance Services	Occupation				
Receipt For:	Insurance		-		
Primary General	Aggregate	Year-to-Date ▼	. [		
Other (specify)		800.00			
SUBTOTAL of Receipts This Page (optional)			240.00		
CODITOTAL OF TROCOPES THIS T age (optional)		······································			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBI	ER: PAGE 133 / 140						
			Use separate schedule(s) or each category of the	(check only one)							
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b	11c 12						
			, ,	13 14	15 16 17						
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of s solicit contributions f	soliciting contributions rom such committee.						
$\overline{}$	NAME OF COMMITTEE (In Full)										
$\rangle$	National Association of Health Underwrite	ers PAC (	HUPAC)								
۹.	Full Name (Last, First, Middle Initial) DAVID C. SMITH			Date of Receip	t						
	Mailing Address 1218 Broad Street			1 2	30 / 2006						
	City	State	Zip Code	Transaction ID							
	Durham	NC	27705	Amount of Eac	h Receipt this Period						
	FEC ID number of contributing federal political committee.	C			30.00						
	Renefite & Incurance Law	Occupation Insurance									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		310.00								
	Other (specify) ▼		310.00								
3.	Full Name (Last, First, Middle Initial) PAUL E. SMITH			Date of Receip	t						
	Mailing Address 124 Washington Street			12 30 7 2006							
	City	State	Zip Code	Transaction ID	: 18345789						
	Middletown	CT	06457-2820	Amount of Eac	h Receipt this Period						
	FEC ID number of contributing federal political committee.	C			85.00						
	AmeriRen Alliance LLC	Occupation Insurance									
	Receipt For:		Year-to-Date ▼								
	Primary General	00 0		1							
	Other (specify) ▼		1025.00								
<b>)</b> .	Full Name (Last, First, Middle Initial) KENNETH J. STATZ			Date of Receip	t						
	Mailing Address PO Box 41068				30 2006						
	City	State	Zip Code	Transaction ID	: 18345790						
	Brecksville	OH	44141-0068	Amount of Eac	h Receipt this Period						
	FEC ID number of contributing federal political committee.	C			30.00						
	Name of Employer Statz & Associates	Occupation Insurance									
	Receipt For:		Year-to-Date ▼	7							
	Primary General		220.00								
	Other (specify) ▼		320.00								
s	UBTOTAL of Receipts This Page (optional)				145.00						
_											
T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 140 (check only one)  X 11a 11b 11c 12 15 16 17						
			y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions						
abla	NAME OF COMMITTEE (In Full)									
$\rangle$	National Association of Health Underwr	iters PAC (	HUPAC)							
Α.				Date of Receipt						
	Mailing Address 515 West Southwest Lo	op 323		12 30 2006						
	City	State	Zip Code	Transaction ID: 18345793						
	Tyler	TX	75701-9455	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		30.00						
	Name of Employer Threlkeld & Company Insur- ance	Occupation Insurance	e Agent							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 255.00							
В.	Full Name (Last, First, Middle Initial) BARRY W WILSON			Date of Receipt						
	Mailing Address 8523 S. Winston Avenu	е		12 30 7 2006						
	City	State	Zip Code	Transaction ID: 18345794						
	Tulsa	OK	74137-1915	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Wilson Insurance Group	Occupation Insurance								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00							
_			0 0 0 0 0 0 0	1						
C.	Full Name (Last, First, Middle Initial) SHELLY K WINSON			Date of Receipt						
	Mailing Address PO Box 1914			12 30 7 2006						
	City Scottsdale	State AZ	Zip Code 85252-1914	Transaction ID: 18345795  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	03232-1914	30.00						
	Name of Employer GroupLink Inc	Occupation								
	Receipt For:	Aggregate	e Year-to-Date ▼	_						
	Primary General Other (specify) ▼		220.00							
s	UBTOTAL of Receipts This Page (optional)			80.00						

9	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 135 / 140							
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12							
			Detailed Suffiffially Fage	13 14 15 16 17							
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	/ not be sold or used by any person	on for the purpose of soliciting contributions							
<u></u>	NAME OF COMMITTEE (In Full)	14110 4110 400	areas ar arry pointed committee to								
$ \rangle$	National Association of Health Underwr	iters PAC (	HUPAC)								
<u>∠</u> А.	Full Name (Last, First, Middle Initial) ERIC S. TOWNSEND			Date of Receipt							
	Mailing Address 1658 Presto Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 18345804							
	Indianapolis	IN	46224-5640	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		30.00							
	Name of Employer Mutual of Omaha	Occupation Insurance									
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General	' '	280.00	1							
	Other (specify)			J							
— В.	Full Name (Last, First, Middle Initial) THOMAS R BELDING			Date of Receipt							
	Mailing Address 10917 Old River Trail			M M / D D / Y Y Y							
	011	01-1-	7'- 0-1-	12 31 2006							
	City	State OK	Zip Code	Transaction ID: 18345805							
	Edmond	UK	73013-8382	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer Professional Reinsurance	Occupation		7							
	Marketing Ser	President									
	Receipt For:	Aggregate	e Year-to-Date ▼	_							
	Primary General Other (specify) ▼		240.00	]							
	Cuter (speedily)	0 0	0 0 0 0 0 0 0	-1							
<u>с</u> .	Full Name (Last, First, Middle Initial) JAMES C BOSIER			Date of Receipt							
	Mailing Address P.O. Box 1230			12 31 2006							
	City	State	Zip Code	Transaction ID: 18345806							
	Waterloo	IA	50704-1230	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		85.00							
	Name of Employer Net Worth Advisors	Occupation Insurance		7							
	Receipt For:		e Year-to-Date ▼	7							
	Primary General		000.00	1							
	Other (specify)	0 0	660.00	1							
_	LIDTOTAL of Descints This Desc (suite and			135.00							
S	UBTOTAL of Receipts This Page (optional)										

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 136 / 140							
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)							
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions							
<u>~</u>	NAME OF COMMITTEE (In Full)	arric aria ade	reso or any pontion committee to	Solidi contributions from Such Committee.							
$  \rangle$	National Association of Health Underwr	itors DAC (	HI IDAC)								
	National Association of Fleatin Oriderwi	iteis i AO (	Hol Ac)								
	Full Name (Last, First, Middle Initial)										
A.	RUSH DAVID DIXON			Date of Receipt							
	Mailing Address 1375 Piccard Drive			12 31 2006							
	City	State	Zip Code	Transaction ID: 18345809							
	Rockville	MD	20850-4311	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	C		120.00							
	Name of European	10									
	Name of Employer Early Cassidy and Schilli-	Occupation	n Oployee Benefits								
	ng Receipt For:		Year-to-Date <b>V</b>	_							
	Primary General	, iggi ogalo		1							
	Other (specify) ▼	1	1220.00								
	Full Name (Last, First, Middle Initial)			B							
В.		- Obb D		Date of Receipt							
	Mailing Address 921-C South McPherson	1 Church R	oad	12 31 2006							
	City	State	Zip Code	Transaction ID: 18345811							
	<u>Fayetteville</u>	NC	28303-5368	Amount of Each Receipt this Period							
	FEC ID number of contributing			250.00							
	federal political committee.	C		250.00							
	Name of Employer	Occupation	<u> </u>	-							
	Ebenconcepts Company	Insurance									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		1900.00	1							
	Other (specify)	0 0	1900.00								
	Full Name (Last, First, Middle Initial)										
C.	HUGH HENDRICKSON			Date of Receipt							
	Mailing Address 1019 Pacific Ave. Suite	1110		M M / D D / Y Y Y							
	0"		7' 0 1	12 31 2006							
	City	State WA	Zip Code	Transaction ID: 18345812							
	Tacoma	VVA	98402-4468	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer Strategic Employee Benefit	Occupation									
	Services	Insurance	e Agent • Year-to-Date ▼	_							
	Receipt For: Primary General	Aggregate	rtear-lo-Dale ▼	,							
	Other (specify)		360.00								
		-	0 0 0 0 0 0 0	1							
	1										
s	UBTOTAL of Receipts This Page (optional)			390.00							
$\vdash$	·		<u> </u>	-							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 137 / 140 (check only one)							
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Health Underwrite	ers PAC (	HUPAC)								
۸.	Full Name (Last, First, Middle Initial) SANDRA JOHNSON			Date of Receipt							
	Mailing Address 12500 Network Blvd, # 40		7.0.1	12 31 2006							
	City San Antonio	State TX	Zip Code 78249-3310	Transaction ID: 18345814  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		30.00							
	Name of Employer Hairston Johnson & Assoc- iates PLLC	Occupation	e Agent								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 335.00								
3.	Full Name (Last, First, Middle Initial) CLAUDIA MACIUK			Date of Receipt							
Mailing Address 2040 Terry Street, Suite 10				12 31 2006							
	City	State CO	Zip Code	Transaction ID: 18345817							
	Longmont  FEC ID number of contributing federal political committee.	C	80501-1890	Amount of Each Receipt this Period  10.00							
	Name of Employer Volk & Associates Insuran-	Occupation Broker	1								
	ce Agency In Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼	1 1	245.00								
<u> </u>	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt							
	Mailing Address 17 North Delmorr Avenue	9		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 18345822							
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer Avanti Benefits Corp	Occupation President									
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1020.00								
SI	UBTOTAL of Receipts This Page (optional)			140.00							
т	OTAL This Period (last page this line number onl	y)	<b>)</b>	21787.00							

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE I		PAGE 138 / 140								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 2	24 25 26 28c 29 30								
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
/ National Association of Health Underwriter	s PAC (HUPAC)											
Full Name (Last, First, Middle Initial)  A. Merchant Services			Transaction ID: 183 Date of Disbursemen	ıt								
Mailing Address 7300 Chapman Hwy			12 01	2006								
City Knoxville	State Zip Code TN 37920-6612		Amount of Each Disb									
Purpose of Disbursement Credit Card Processing Fee		001		321.17								
Candidate Name		Category/ Type										
Senate President	ment For: Primary General Other (specify) ▼		Credit Card Proces	ssing Fee								
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 180	38487								
Michael E. Dunn & Associates, Inc.			Date of Disbursemen	2 0 0 6								
Mailing Address 1700 North Moore Street Suite 2225	Chata 7in Cada		Amount of Each Disbursement this Period									
Arlington	State Zip Code VA 22209		Amount of Each Disc									
Purpose of Disbursement PAC Training Materials Candidate Name	C	001 Category/		11100.00								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Турс	PAC Training Mate	erials								
Full Name (Last, First, Middle Initial)  Bank of America			Transaction ID: 183 Date of Disbursemen									
Mailing Address 7810 Old Branch Avenue			12 15	<sup>'</sup> <sup>2</sup> 0 0 6 <sup>°</sup>								
	State Zip Code MD 20735		Amount of Each Disb	oursement this Period								
Purpose of Disbursement Account Analysis Fee	ement			129.83								
Candidate Name	C	Category/ Type										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Account Analysis F	-ee								
SUBTOTAL of Disbursements This Page (optional)				11551.00								
TOTAL This Period (last page this line number only)												

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		erate schedule(s)		-	E NUMBER: PAGE 139 / 140 nly one)							
••	LIMIZED DISBOTISEMENTS		Summary Page		21b 27	22 28a		23 28b	24 28c		25 29		26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											ıs	
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Health Underwriter	s PAC (H	UPAC)										
Α.	Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 53852					Date	of D	isburse	183567 ement		Ó 0 Ó 0	6 <sup>Y</sup>	
	City Phoenix Purpose of Disbursement	State AZ	Zip Code 85072-3852			Amou	int o	f Each	Disburse	emer	nt this		od
	Credit Card Processing Fees Candidate Name			O( Cate Ty	gory/								
	Office Sought: House Disburse President State: District:	ement For: Primary Other (spe	General ecify) ▼			Credi es	t Ca	ard Pr	ocessin	g Fe	<del>)</del> -		
В.	Full Name (Last, First, Middle Initial) Bank of America					Date		on ID:	183979 ement		/ * Y *	Y	
	Mailing Address 7810 Old Branch Avenue		12 / 29 / 200										
	City Clinton	State MD	Zip Code 20735			Amou	int o	f Each	Disburse	emer			od
	Purpose of Disbursement Bank Fee			00		L.					12.	00	
	Candidate Name			Cate Ty	gory/ pe								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼			Bank	Fee	)					

SUBTOTAL of Disbursements This Page (optional)	•	98.78
TOTAL This Period (last page this line number only)	•	11649.78

	CHEDULE B (FEC Form 3X EMIZED DISBURSEMENTS	/ Use sepe	erate schedule(s)		-	IE NUMBER: PAGE 140 / 140 nly one)								
•••	EMIZED DISBURSEMENT	Detailed	Summary Page		21b 27	22 28a	X	23 28b	24 280	F	25 29		26 30b	
	y Information copied from such Reports and for commercial purposes, other than using t											S		
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Health Under	erwriters PAC (H	UPAC)											
Α.	Full Name (Last, First, Middle Initial) Bob Corker For Senate  Mailing Address 832 Georgia Aven	nue Ste 200				Date		sburse	17852 ement		<b>Σ</b> οδε	S <sup>Y</sup>		
	City Chattanooga Purpose of Disbursement	State TN	Zip Code 37402			Amou	int of	Each	Disburs		nt this 1		od	
	Debt Retirement Candidate Name Mr. Robert Corker			0 <sup>-</sup> Cate	gory/			•	•					
	Office Sought:    House   X   Senate   President     State: TN   District: 2	Disbursement For: Primary Other (spe	2006  X General ecify)			Debt	Reti	reme	nt					
В.	Full Name (Last, First, Middle Initial)  DeMint For Senate Committee Inc					Date		sburse	D /		Y * Y *	Y		
	Mailing Address PO Box 10407					12		0	5	2	žοŏ	3		
	City Greenville	State SC	Zip Code 29603			Amou	int of	Each	Disburs	-			od	
	Purpose of Disbursement Contribution			0	11		-				2000.	00		
	Candidate Name Sen. James DeMint			Cate Ty	gory/ pe									
	Office Sought:    House   I     X   Senate   President     State: SC   District: 2	Disbursement For:  X Primary  Other (spe	2010 General ecify)			Contr	ibut	ion						

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	<b>•</b>	3000.00