

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Wade S. Williams

Signature of Treasurer Electronically Filed by Wade S. Williams Date 01 19 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		31951.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning 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								
7. Total Disbursements (from Line 31) .....	14664.24	268287.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41981.92	41981.92								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21787.00	154306.00
(i) Itemized (use Schedule A) .....	9426.34	123942.08
(ii) Unitemized .....	31213.34	278248.08
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31213.34	278248.08
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	69.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	31213.34	278317.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31213.34	278317.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11664.24	62742.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11664.24	62742.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	190500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	695.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	695.00
29. Other Disbursements.....	0.00	14350.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14664.24	268287.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14664.24	268287.51

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31213.34	278248.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	695.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31213.34	277553.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11664.24	62742.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11664.24	62742.51

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 140		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kathleen A. Hughes

Mailing Address 13513 Arlington Road

City State Zip Code  
Norwalk OH 44857-9626

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

Name of Employer Benefit Solutions Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 6

**Transaction ID: 17833989**

Amount of Each Receipt this Period  
340.00

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

Mailing Address 5171 Verdugo Way

City State Zip Code  
Ventura CA 93004

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

Name of Employer Golden West Dental Health Plan Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID: 18020243**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
LAURIE J KIRKLAND

Mailing Address PO Box 10088

City State Zip Code  
Yakima WA 98909-1088

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

Name of Employer Conover Insurance Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID: 18020247**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>455.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
BRADFORD H. BLAIN

Mailing Address P O Box 4510

City Lexington State KY Zip Code 40544-4510

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

Name of Employer Al Torstrick Insurance Agency Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** 18020248

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN KIEBLER

Mailing Address 300 West Vine Street

City Lexington State KY Zip Code 40507-1621

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

Name of Employer CHA Health Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** 18020249

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JON SIVERS

Mailing Address 10731 Treena St., # 109

City San Diego State CA Zip Code 92131-1040

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

Name of Employer BenefitPro Insurance Services Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** 18020259

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> H Luke MCDERMOTT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 883 West Baxter Drive		<b>Transaction ID:</b> 18020261	
City State Zip Code South Jordan UT 84095-8506		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McDermott Company & Associates		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B.</b> CAROLYNNE E. MULDOON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 457 Main Street		<b>Transaction ID:</b> 18020263	
City State Zip Code Longmont CO 80501-5534		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Milestone Insurance Agency		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C.</b> WARD MCKALSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 532 Pajaro Street		<b>Transaction ID:</b> 18020267	
City State Zip Code Salinas CA 93901-3346		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McKalson Insurance Agency		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ERIC D. JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3510 Willow Ridge Drive		<b>Transaction ID: 18020271</b>	
City State Zip Code Arlington TX 76017		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BenefitPort Southwest Occupation Life & Health Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. SHARON ALT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 6410 Southwest Blvd, Suite 204		<b>Transaction ID: 18020277</b>	
City State Zip Code Fort Worth TX 76109-3920		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alt Benefit Consultants Inc Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. TRAVIS S. MIDDLETON</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 20501 Katy Freeway, # 219		<b>Transaction ID: 18020280</b>	
City State Zip Code Katy TX 77450-1935		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TradeMark Insurance Agency Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM BLAKELY

Mailing Address PO Box 11310

City State Zip Code  
Chattanooga TN 37401-2310

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

Name of Employer Occupation  
Russ Blakely & Associates Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: 18020281

Amount of Each Receipt this Period  
30.00

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

Mailing Address 12200 Northwest Freeway, Suite 662

City State Zip Code  
Houston TX 77092-4927

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

Name of Employer Occupation  
Northwest General Insurance Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: 18020282

Amount of Each Receipt this Period  
85.00

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

Mailing Address P.O. Box 6465

City State Zip Code  
Santa Barbara CA 93111-1925

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

Name of Employer Occupation  
Larsen Insurance Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 775.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: 18020284

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	190.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY SHERROD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 1203-B West Loop 281, Suite 103		<b>Transaction ID: 18020293</b>
City State Zip Code Longview TX 75604	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Principal Life Insurance Co.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES R STENGER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 268 South Street		<b>Transaction ID: 18020301</b>
City State Zip Code Morristown NJ 07960-6019	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 170.00
Name of Employer NAS Financial Services	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>C. JIM BOWMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 2701 West 15th Street, # 554		<b>Transaction ID: 18020303</b>
City State Zip Code Plano TX 75075-7523	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer Bowman & Bowman Consultants Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
JENNIFER L. WENKE

Mailing Address 1395 Panther Lane, Suite 100

City State Zip Code  
Naples FL 34109

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

Name of Employer  
Lutgert Smith Leshar Insurance Inc.

Occupation  
Sr. Customer Service Rep - L & H

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: 18020313

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1311 L Street

City State Zip Code  
Anchorage AK 99501

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

Name of Employer  
Capital Management Benefits Corp.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: 18020317

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM J. BRANNON

Mailing Address 7 Terrace Way, Suite C

City State Zip Code  
Greensboro NC 27403-3666

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

Name of Employer  
Group US Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18020376

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. G. Russell GARNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1308 Murraywood Drive		<b>Transaction ID: 18020377</b>	
City State Zip Code Columbia SC 29212-1159	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. PATRICE GOLDFARB</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 442 Teaneck Rd.		<b>Transaction ID: 18020378</b>	
City State Zip Code Ridgefield Park NJ 07660-1516	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) <b>C. ROSS W KRAFT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 41 Notre Dame Lane		<b>Transaction ID: 18020382</b>	
City State Zip Code Utica NY 13502	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 905.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT P POLI</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 6101 Executive Boulevard, Suite 12		<b>Transaction ID: 18020386</b>	
City State Zip Code Rockville MD 20852-3907		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Marketing Center Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN SUGG</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 4108 Alcazar NE, Suite A		<b>Transaction ID: 18020395</b>	
City State Zip Code Albuquerque NM 87109-1809		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Sugg Group LLC		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. OWEN W. WINGATE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 155 Professional Dr		<b>Transaction ID: 18020397</b>	
City State Zip Code Ponte Vedra Beach FL 32082-6217		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Wingate Insurance Group Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. LUANN S. YARBERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1300 10th Street		<b>Transaction ID: 18020398</b>	
City State Zip Code Wichita Falls TX 76301-3227		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Allred-Thompson-Mason-Daugherty Ins.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH A. KELLIHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 15 South Jefferson St.		<b>Transaction ID: 18020400</b>	
City State Zip Code Roanoke VA 24011-1303		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Benefits Group Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS SHORES</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 8596 W Bolsa Ct.		<b>Transaction ID: 18020401</b>	
City State Zip Code Boise ID 83709-5196		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer T.A. Shores Inc.		Occupation Business Growth Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. BRUCE D BENTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 19528 Ventura Boulevard # 596		<b>Transaction ID: 18020402</b>
City State Zip Code Tarzana CA 91356-2917	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Genesis SmithBenton Insurance & Financ	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN Philip GARVEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 11715 East Main Street - PO Box 8		<b>Transaction ID: 18020406</b>
City State Zip Code Huntley IL 60142-6913	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Benico LTD	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIS H. GLAROS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 184		<b>Transaction ID: 18020407</b>
City State Zip Code Dyer IN 46311-0184	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Employer Benefit Systems	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
PATRICIA A GRIFFEY

Mailing Address 227 Dixie Way North Suite 210

City State Zip Code  
South Bend IN 46637

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

Name of Employer Page 1 Benefits Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18020408**

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN A GRIM

Mailing Address P O Box 1105

City State Zip Code  
Virginia Beach VA 23451-0105

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

Name of Employer Mid-Atlantic Agency Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18020409**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
DWIGHT A. HALL

Mailing Address 11555 North Meridian Street, Suite

City State Zip Code  
Carmel IN 46032-6945

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

Name of Employer Sagamore Health Network Inc. Occupation Business Development Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18020410**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ZAVEN KAZAZIAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 35 North Lake Avenue, Suite 720		<b>Transaction ID: 18020412</b>
City State Zip Code Pasadena CA 91101-1856	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Garner Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM Ben KEEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 22318 Provincial Boulevard		<b>Transaction ID: 18020413</b>
City State Zip Code Katy TX 77450-1622	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Financial & Insurance Con- sults	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. CARLA MAGARITY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 20301 Ventura Blvd, Suite 310		<b>Transaction ID: 18020415</b>
City State Zip Code Woodland Hills CA 91364-0940	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Time Employee Benefits	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
RYAN R. MCDERMOTT

Mailing Address 883 West Baxter Drive

City State Zip Code  
South Jordan UT 84095-8506

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

Name of Employer Occupation  
McDermott Company & Associates Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020417

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY R. MILES

Mailing Address 578 Washington Blvd., #801

City State Zip Code  
Marina del Rey CA 90292-5442

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

Name of Employer Occupation  
The Miles Organization Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020419

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
RON J. NEZAT

Mailing Address PO Box 91180

City State Zip Code  
Lafayette LA 70509-1180

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

Name of Employer Occupation  
Global Financial Resources Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 740.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020420

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
BRIAN URBAN

Mailing Address P. O. Box 706

City State Zip Code  
Boys Town NE 68010-0706

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

Name of Employer Corporate Resource Group Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18020426

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City State Zip Code  
Lafayette LA 70503-3215

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

Name of Employer Physician's Mutual Insurance Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18020427

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
DAN WEBB

Mailing Address 2108 24th St Ste 2

City State Zip Code  
Bakersfield CA 93301-3748

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

Name of Employer The Webb Insurance Group Occupation Marketing Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18020428

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
RICHARD E. WHEELER

Mailing Address 617 Highway 71, Building 2-6

City Brielle State NJ Zip Code 08730-1838

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

Name of Employer Richard E. Wheeler Insurance Services  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020429

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD P COBURN

Mailing Address 19 Minor Court

City San Rafael State CA Zip Code 94903-3716

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

Name of Employer Word & Brown  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020437

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN T. COOK

Mailing Address 3495 Piedmont Road, NE  
9 Piedmont Center

City Atlanta State GA Zip Code 30305-1773

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

Name of Employer Kaiser Permanente  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020438

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TERESA F DEBRUIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 5880 Live Oak Parkway Suite 230		<b>Transaction ID: 18020439</b>
City Norcross State GA Zip Code 30092-2188	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer DeBruin Benefit Services Inc./ AA LaR Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) <b>B. RICK G DYE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 5910 Toole Drive, Suite B		<b>Transaction ID: 18020441</b>
City Knoxville State TN Zip Code 37919-4178	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Target Benefits Company Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. DONALD W. GARLITZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 50706		<b>Transaction ID: 18020442</b>
City Provo State UT Zip Code 84605-0706	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer FirstWest Benefit Solutions Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)

<b>A.</b> Full Name (Last, First, Middle Initial) NICOLE Ellyce GUNIA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 354 Eisenhower Parkway Suite 2850		<b>Transaction ID:</b> 18020445
City State Zip Code Livingston NJ 07039	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Benefitmall	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

<b>B.</b> Full Name (Last, First, Middle Initial) BRENT G. JONES		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1787 Tribute Road, Suite E		<b>Transaction ID:</b> 18020446
City State Zip Code Sacramento CA 95815-4404	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Integrity Administrators Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 120 East Washington Street		<b>Transaction ID:</b> 18020450
City State Zip Code Plymouth IN 46563-1744	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer KL Benefits	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 995.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. KENNY L MASON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1224 South River Road, Suite A-203		<b>Transaction ID: 18020452</b>	
City State Zip Code Saint George UT 84790-8318		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Southern Utah Insurance Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. ALINE H. ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 3537 Old Conejo Road Suite 114		<b>Transaction ID: 18020460</b>	
City State Zip Code Newberry Park CA 91320		Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Insurance Dimensions Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1620.00	

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA D. SAFFORD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 5753 North River Road		<b>Transaction ID: 18020461</b>	
City State Zip Code Waterville OH 43566-9765		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Group Health Benefits Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. GREG J. SEIFERT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 189 916 Main Street		<b>Transaction ID: 18020464</b>
City Vancouver State WA Zip Code 98666-0189	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Biggs Insurance Services Occupation Insurance Agent	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DAVID C. SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1218 Broad Street		<b>Transaction ID: 18020465</b>
City Durham State NC Zip Code 27705	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Benefits & Insurance Law Center Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PAUL E. SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 124 Washington Street		<b>Transaction ID: 18020466</b>
City Middletown State CT Zip Code 06457-2820	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AmeriBen Alliance LLC Occupation Insurance Agent	Aggregate Year-to-Date ▼ 940.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
KENNETH J. STATZ

Mailing Address PO Box 41068

City Brecksville State OH Zip Code 44141-0068

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

Name of Employer Statz & Associates Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020467

Amount of Each Receipt this Period  
 30.00

**B.** Full Name (Last, First, Middle Initial)  
WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City Tyler State TX Zip Code 75701-9455

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

Name of Employer Threlkeld & Company Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020469

Amount of Each Receipt this Period  
 30.00

**C.** Full Name (Last, First, Middle Initial)  
BARRY W WILSON

Mailing Address 8523 S. Winston Avenue

City Tulsa State OK Zip Code 74137-1915

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

Name of Employer Wilson Insurance Group Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18020470

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ERIC S. TOWNSEND</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1658 Presto Avenue		<b>Transaction ID: 18021418</b>	
City State Zip Code Indianapolis IN 46224-5640	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mutual of Omaha	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. THOMAS R BELDING</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 10917 Old River Trail		<b>Transaction ID: 18021419</b>	
City State Zip Code Edmond OK 73013-8382	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Professional Reinsurance Marketing Ser	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. JAMES C BOSIER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address P.O. Box 1230		<b>Transaction ID: 18021420</b>	
City State Zip Code Waterloo IA 50704-1230	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Net Worth Advisors	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RUSH DAVID DIXON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1375 Piccard Drive		<b>Transaction ID: 18021423</b>	
City State Zip Code Rockville MD 20850-4311		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Early Cassidy and Schilling		Occupation VP of Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. CHRIS HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 921-C South McPherson Church Road		<b>Transaction ID: 18021425</b>	
City State Zip Code Fayetteville NC 28303-5368		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ebenconcepts Company		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) <b>C. HUGH HENDRICKSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1019 Pacific Ave. Suite 1110		<b>Transaction ID: 18021426</b>	
City State Zip Code Tacoma WA 98402-4468		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Strategic Employee Benefit Services		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	370.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
SANDRA JOHNSON

Mailing Address 12500 Network Blvd, # 403

City State Zip Code  
San Antonio TX 78249-3310

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

Name of Employer Occupation  
Hairston Johnson & Associates PLLC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 305.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18021428

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
CLAUDIA MACIUK

Mailing Address 2040 Terry Street, Suite 101

City State Zip Code  
Longmont CO 80501-1890

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

Name of Employer Occupation  
Volk & Associates Insurance Agency Inc Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18021431

Amount of Each Receipt this Period  
10.00

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

Mailing Address 17 North Delmorr Avenue

City State Zip Code  
Morrisville PA 19067-6278

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

Name of Employer Occupation  
Avanti Benefits Corp President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 920.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18021436

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 140  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
KERRY D ALDRIDGE

Mailing Address 1501 N. Limestone, Suite 100

City Lexington State KY Zip Code 40505-3200

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

Name of Employer CKBS Insurance Group Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038088**

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
RICK D. BAILEY

Mailing Address 4390 Earney Road, Suite 240

City Woodstock State GA Zip Code 30188-5687

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

Name of Employer Rick Bailey & Company In-c. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038091**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 2785 East Desert Inn Rd., # 134

City Las Vegas State NV Zip Code 89121-3623

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

Name of Employer KIA Insurance Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038095**

Amount of Each Receipt this Period  
84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **194.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DONALD J BOOTH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 8711 Plantation Lane, Suite 301		<b>Transaction ID: 18038097</b>	
City State Zip Code Manassas VA 20110	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capital Group Benefits	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. SHAWN F BRASHEARS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 110 Old Padonia Road, Suite 201		<b>Transaction ID: 18038099</b>	
City State Zip Code Cockeysville MD 21030-4949	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Compensation Concepts	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. SYDNEY BRILEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 605 E Van Buren Street		<b>Transaction ID: 18038100</b>	
City State Zip Code Broken Arrow OK 74011-7261	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Employee Benefit Solutions Inc.	Occupation Benefits Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
ELEANOR BROCKHURST

Mailing Address 1212 East Osborn Road, Suite 110

City	State	Zip Code
Phoenix	AZ	85014-5533

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

Name of Employer Brockhurst & Associates Inc.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038101**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS A. BRYON

Mailing Address 9820 Metcalf Ave., # 110

City	State	Zip Code
Overland Park	KS	66212

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

Name of Employer SS&G and Associates Inc.	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038102**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JIMMY G CHANDLER

Mailing Address 10 Oriole Glen

City	State	Zip Code
Swannanoa	NC	28778

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

Name of Employer Health & Disability Specialists	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038105**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 33 / 140  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID S. CLULEY

Mailing Address 2220 Glen Echo, SE

City State Zip Code  
Grand Rapids MI 49546-5521

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

Name of Employer Occupation  
PPOM Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18038107

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS J DANIELS

Mailing Address 120 Wood Avenue South, Suite 300

City State Zip Code  
Iselin NJ 08830-2709

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

Name of Employer Occupation  
WellChoice Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18038109

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
ROSEMARY DEININGER

Mailing Address 12801 N. Central Expressway, Suite

City State Zip Code  
Dallas TX 75243-1741

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

Name of Employer Occupation  
Waldman Brothers Account Manager

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** 18038111

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. CLAUDIA S DODGE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2108 W. Laburnum Ave., # 300		<b>Transaction ID: 18038113</b>	
City State Zip Code Richmond VA 23226		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BB&T Benefit Consultants of Virginia		Occupation AVP - Sales Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. NICOLE FAIRBAIRN WONNELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 14701 Cumberland Road, Suite 180		<b>Transaction ID: 18038114</b>	
City State Zip Code Noblesville IN 46060-8715		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Creative Insurance Concepts Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>C. CHARLES T GARTLAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address PO Box 1268		<b>Transaction ID: 18038119</b>	
City State Zip Code Toms River NJ 08754-1268		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BenefitPort LLC		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. GERARD R. GERSHONOWITZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 980 Broadway, Suite 608		<b>Transaction ID: 18038120</b>	
City State Zip Code Thornwood NY 10594-1313		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Morrell Consulting Group Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD R GIRDLER, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 113 Seaboard Lane, Suite C-170		<b>Transaction ID: 18038121</b>	
City State Zip Code Franklin TN 37067-8281		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cowan Benefit Services Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. CAROLYN L GOODWIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 4851 LBJ Freeway, Suite 800		<b>Transaction ID: 18038122</b>	
City State Zip Code Dallas TX 75244-6004		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CBIZ Benefits & Insurance Services		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
SARAH Gunter GUNTER CANEZ

Mailing Address 7700 Broadway #201  
19921 FM 2252 (zip is 78266)

City San Antonio State TX Zip Code 78215-1824

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

Name of Employer EFGI Insurance & Bonds Occupation Principal/Steve Jamison

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038123

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
WALTER T. HALE

Mailing Address 211 East Church Street

City Morrilton State AR Zip Code 72110-3419

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

Name of Employer Hawkins Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038125

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
SHEILA H HARTMAN

Mailing Address 21700 Oxnard St., # 1270

City Woodland Hills State CA Zip Code 91367-3669

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

Name of Employer Financial Independence Company Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038129

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
LORI J HEADLEY

Mailing Address PO Box 14725

City State Zip Code  
Portland OR 97293-0725

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

Name of Employer Healthwise Insurance Planning  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038130**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
W RICHARD HERD

Mailing Address 883 West Baxter Drive

City State Zip Code  
South Jordan UT 84095-8506

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

Name of Employer McDermott Company & Associates Inc.  
Occupation Employee Benefits & Pensions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038131**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code  
Burbank CA 91501-1522

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

Name of Employer Jardez Financial & Insurance Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038132**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 140  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
SHERI S HOKIN

Mailing Address 3330 Dundee Road, Suite C-3

City State Zip Code  
Northbrook IL 60062-2328

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

Name of Employer  
Hokin Sternberg Insurance Services

Occupation  
Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

**Transaction ID:** 18038135

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MATT B HOLCOMB

Mailing Address P.O. Box 89144

City State Zip Code  
Atlanta GA 30305-1733

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

Name of Employer  
Kayda Insurance Services

Occupation  
Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

**Transaction ID:** 18038136

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
MICHELLE S HOWARD

Mailing Address 2850 West Grand Boulevard

City State Zip Code  
Detroit MI 48202-2643

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

Name of Employer  
Health Alliance Plan

Occupation  
Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

**Transaction ID:** 18038137

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. DAVID S JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address P. O. Box 871129		<b>Transaction ID: 18038138</b>	
City State Zip Code Stone Mountain GA 30087-0029	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer David S. Johnson Insurance	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.00		

Full Name (Last, First, Middle Initial) <b>B. RANDY C. JOPPIE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 5075 Cascade Road SE		<b>Transaction ID: 18038141</b>	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Collins & Associates Corp- oration	Occupation Director of Employee Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>C. MARK D. KENNEDY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1173 Brittmooore Road		<b>Transaction ID: 18038143</b>	
City State Zip Code Houston TX 77043-5003	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	265.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 40 / 140
	(check only one)	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ROY W KERN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1722 S Glenstone Ave Ste II P.O. Box 10906 GS		<b>Transaction ID: 18038144</b>	
City Springfield State MO Zip Code 65804-1516	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roy W Kern & Associates Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. THOMAS W LANE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address PO Box 5504		<b>Transaction ID: 18038146</b>	
City Maryville State TN Zip Code 37802-5504	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NAHU Occupation Insurance Agent	Aggregate Year-to-Date ▼ 235.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ROBERT M LAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 3112 Forest Avenue		<b>Transaction ID: 18038148</b>	
City Fort Worth State TX Zip Code 76112-7002	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lay & Williams Insurance Services Occupation Insurance Agent	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
RONALD M LEVINE

Mailing Address 3965 Johns Creek Ct., Suite- A

City State Zip Code  
Suwanee GA 30024

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

Name of Employer Occupation  
ARINSO International Vice President of Sales, SE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038150

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JUAN LOPEZ

Mailing Address 1851 E. First Suite 1100

City State Zip Code  
Orange CA 92868-1538

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

Name of Employer Occupation  
Kaiser Permanente Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038152

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN TULLIS LUVISI

Mailing Address 1665 San Marco Boulevard

City State Zip Code  
Jacksonville FL 32207-3001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038153

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
NICHOLAS S. MASSEI, JR

Mailing Address 832 Humewick Way

City State Zip Code  
Sunnyvale CA 94087-3534

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

Name of Employer  
Massei Insurance Services Agency  
Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038155**

Amount of Each Receipt this Period  
30.00

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

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

City State Zip Code  
Greensboro NC 27438-8248

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

Name of Employer  
EbenConcepts Company  
Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1035.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038156**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN R MCCONNAUGHEY

Mailing Address PO Box 805

City State Zip Code  
West Chester OH 45071-0805

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

Name of Employer  
JRM & Associates Agency Inc  
Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038158**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DANIEL W. MCMAHON</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 123 East 2nd Avenue		<b>Transaction ID: 18038159</b>
City State Zip Code Spokane WA 99202-1504	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jones & Mitchell Insurance	Occupation Benefits Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 8357		<b>Transaction ID: 18038160</b>
City State Zip Code Tyler TX 75711-8357	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hibbs-Hallmark & Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00	

Full Name (Last, First, Middle Initial) <b>C. LINDA J NEW</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address P. O. Box 28543		<b>Transaction ID: 18038162</b>
City State Zip Code Austin TX 78755-8543	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Insurance Benefits	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
FRANK R NOVY

Mailing Address 21238 Woodview Circle

City State Zip Code  
Strongsville OH 44149-9261

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

Name of Employer  
Qualified Administrative Services Inc

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038165**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
NICHOLAS Alan OGDEN

Mailing Address PO Box 3725

City State Zip Code  
Wilmington NC 28406

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

Name of Employer  
David Hill and Associates INC

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038167**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
JESSE A PATTON

Mailing Address 1112 Maple Street

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer  
Associations Marketing Group Inc.

Occupation  
CEO/President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2835.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038170**

Amount of Each Receipt this Period  
225.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
SUSAN Maley RASH

Mailing Address 2108 West Laburnum Avenue, Suite 3

City Richmond State VA Zip Code 23227-4300

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

Name of Employer BB&T Benefit Consultants of Virginia Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038178

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
JON C RAUSER

Mailing Address 400 East Wisconsin Avenue, # 200

City Milwaukee State WI Zip Code 53202-4499

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

Name of Employer The Rauser Agency Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1870.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038179

Amount of Each Receipt this Period  
170.00

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

Mailing Address 739 East Jackson Street

City Martinsville State IN Zip Code 46151-2033

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

Name of Employer American Community Mutual Insurance Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: 18038186

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. EDWARD L. ROLING</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 343 Six Forks Road		<b>Transaction ID: 18038187</b>	
City Raleigh      State NC      Zip Code 27609-7800	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Delta Dental of North Carolina Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00		

Full Name (Last, First, Middle Initial) <b>B. FRANCIS A RUGGIERO</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 15 Kennedy Drive		<b>Transaction ID: 18038188</b>	
City Budd Lake      State NJ      Zip Code 07828-1438	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Ruggiero Group LLC	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) <b>C. CRISTY RUSSELL GUPTO</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 357 Sanford Drive		<b>Transaction ID: 18038189</b>	
City Morganton      State NC      Zip Code 28655	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Flexible Benefit Management	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 47 / 140  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
ALFONSO C. SCHIEBEL

Mailing Address 200 Sandy Springs Pl., # 300A

City Atlanta State GA Zip Code 30328-5918

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

Name of Employer Ashford Advisors Inc. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038190**

Amount of Each Receipt this Period  
33.00

**B.** Full Name (Last, First, Middle Initial)  
MEL A SCHLESINGER

Mailing Address PO Box 30100

City Winston Salem State NC Zip Code 27130-0100

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

Name of Employer The Rainmakers Group Inc. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038191**

Amount of Each Receipt this Period  
85.00

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

Mailing Address 7101 S. 82nd St.

City Lincoln State NE Zip Code 68516-6574

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

Name of Employer Midlands Financial Benefits Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038193**

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **198.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
BOB G SHUPE

Mailing Address PO Box 2344

City State Zip Code  
Brentwood TN 37024-2344

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

Name of Employer Occupation  
ESP Inc Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 470.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038195**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
NORMAN D. SPRINGER

Mailing Address 1626 East 203rd Street

City State Zip Code  
Westfield IN 46074-9687

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

Name of Employer Occupation  
American Community Mutual Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038198**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
CAROL A. STEELE

Mailing Address 1000 South Cleveland-Massillon Rd,

City State Zip Code  
Akron OH 44333-9204

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

Name of Employer Occupation  
Benefit Designs Inc. Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID: 18038200**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) PHYLLIS SWEEZY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address P O Box 1769		<b>Transaction ID:</b> 18038205
City State Zip Code Morganton NC 28680-1769	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Black & Associates LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>B.</b> Full Name (Last, First, Middle Initial) PAUL D TAYLOR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 5007 Carriage Drive Suite G-1		<b>Transaction ID:</b> 18038206
City State Zip Code Roanoke VA 24018-1937	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Taylor Insurance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DONALD B THOMPSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 9700 Ormsby Station Rd., # 200		<b>Transaction ID:</b> 18038207
City State Zip Code Louisville KY 40223-4207	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ALBERT J TRAVASOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 2255 Glades Road, Suite 420A		<b>Transaction ID: 18038208</b>
City State Zip Code Boca Raton FL 33431-7379	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1095.00	

Full Name (Last, First, Middle Initial) <b>B. CHARLES TROGDON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 7910 North Ingram Avenue, Suite 20		<b>Transaction ID: 18038209</b>
City State Zip Code Fresno CA 93711-5828	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Gallagher Benefit Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) <b>C. PETER VINTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 9480 Deereco Road		<b>Transaction ID: 18038212</b>
City State Zip Code Timonium MD 21093-2102	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	155.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. M HUGHES WARREN, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address P.O. Box 7661		<b>Transaction ID: 18038213</b>	
City State Zip Code Wilmington NC 28406-7661		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Ebenconcepts Inc. Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. AMY R WEBB</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 7 E. Main Street Suite 200		<b>Transaction ID: 18038214</b>	
City State Zip Code Moorestown NJ 08057-3831		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Saratoga Benefit Services LLC. Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. KELLY J WITT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2677 N. Main St. #350		<b>Transaction ID: 18038217</b>	
City State Zip Code Santa Ana CA 92705-6750		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation LISI Regional Sales Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code  
Fort Wayne IN 46825-4240

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

Name of Employer IntraHealth Solutions Inc.  
Occupation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1115.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2006

**Transaction ID: 18038218**

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
JESSICA L LAGUSCH

Mailing Address 445 Hutchinson Avenue, Suite 240

City State Zip Code  
Columbus OH 43235-8617

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

Name of Employer UnumProvident  
Occupation Account Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2006

**Transaction ID: 18038224**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
SUZY ALBERTS

Mailing Address 20700 Civic Center Drive Ste 250

City State Zip Code  
Southfield MI 48076

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

Name of Employer Comerica Insurance Services  
Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

**Transaction ID: 18040436**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. STEPHEN ANDERSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 7101 S. 82nd St.		<b>Transaction ID: 18040439</b>
City State Zip Code Lincoln NE 68516-6574	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. KATHRYN ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 7648		<b>Transaction ID: 18040441</b>
City State Zip Code Tyler TX 75711-7648	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Strategies In Employee Benefits Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1135.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM BUDDY ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 498 Palm Springs Drive, Suite 270		<b>Transaction ID: 18040442</b>
City State Zip Code Altamonte Springs FL 32701-7805	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Benefit Port	Occupation Marketing Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7606 University Avenue, Suite B

City Lubbock State TX Zip Code 79423-2128

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

Name of Employer Ashmore Agency Inc Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040443

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City Salem State VA Zip Code 24153-7474

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

Name of Employer Lewis-Gale Medical Center Occupation Director of Provider Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040444

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
KELLY BECERRA

Mailing Address 12105 Anne St.

City Omaha State NE Zip Code 68105-3223

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

Name of Employer Midwest Benefit Advisors Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040447

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ANN BELL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1661 Shoreline Drive, Suite 100		<b>Transaction ID: 18040448</b>
City State Zip Code Boise ID 83702-6746	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Higgins & Rutledge Insurance Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID BERMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 6510 N. Shadeland Avenue		<b>Transaction ID: 18040450</b>
City State Zip Code Indianapolis IN 46220	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Neace Lukens Holding Company Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>C. LYNNDA BERRYHILL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 211 North Robinson Avenue One Leadership Square, Suite 450		<b>Transaction ID: 18040451</b>
City State Zip Code Oklahoma City OK 73102-7109	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Berryhill Insurance Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. CHRISTINE BIZJACK</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 6075 Poplar Avenue, Suite 221		<b>Transaction ID: 18040452</b>
City State Zip Code Memphis TN 38119-0113	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Humana Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. JENNIFER BUNDY-COBB</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 3000 A Street, Suite 400		<b>Transaction ID: 18040463</b>
City State Zip Code Anchorage AK 99501-5148	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Wilson Agency LLC Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY BYRNE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 3113 West Beltline Highway		<b>Transaction ID: 18040464</b>
City State Zip Code Madison WI 53713-2830	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mortenson Matzelle & Mel-drum Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
B CALVIN

Mailing Address PO Box 101422

City Anchorage State AK Zip Code 99510-1422

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

Name of Employer Calco Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 940.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040466

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL E. CARMEAN

Mailing Address PO Box 7367  
2300 Whittlesey Rd Suite A

City Columbus State GA Zip Code 31908-7367

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

Name of Employer Paragon Marketing Occupation Vice President, Group Sales & Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 257.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040469

Amount of Each Receipt this Period  
33.00

**C.** Full Name (Last, First, Middle Initial)  
RUSSELL CHILDERS

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709-1547

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

Name of Employer Russ Childers CLU Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040471

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	148.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
STEVEN CLEMENT

Mailing Address 3010 Fenwood Trail

City State Zip Code  
Roswell GA 30075-4199

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

Name of Employer S.M.C. Consultants Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040473

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
GEORGE CONDOS

Mailing Address 7881 West Charleston Blvd. #140

City State Zip Code  
Las Vegas NV 89117

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

Name of Employer Leavitt Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040476

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL DOLLINS

Mailing Address 4334 NW Expressway, Suite 242

City State Zip Code  
Oklahoma City OK 73116-6416

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

Name of Employer Dollins & Company Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040487

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
CYNTHIA DOUCET

Mailing Address P. O. Box 91180

City State Zip Code  
Lafayette LA 70509-1180

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

Name of Employer  
Global Financial Resources Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** 18040488

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
BETTY DOYLE

Mailing Address 108 SE 3rd, Suite A

City State Zip Code  
Moore OK 73160

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

Name of Employer  
Doyle Insurance Source

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** 18040491

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
EUGENE EBERSOLE

Mailing Address PO Box 2886

City State Zip Code  
Gretna LA 70054-2886

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

Name of Employer  
Ebersole & Associates In-c.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** 18040495

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. LINDA ERLNBACH</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 151 Belcourt Lane		<b>Transaction ID: 18040498</b>	
City Aurora State OH Zip Code 44202-8438	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer L.M. Erlenbach Inc. Occupation Benefits Consultant	Aggregate Year-to-Date ▼ 405.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. THOMAS EVANS</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 7261 Mercy Rd.		<b>Transaction ID: 18040499</b>	
City Omaha State NE Zip Code 68164-9684	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BlueCross Blue Shield of Nebraska Occupation Insurance Agent	Aggregate Year-to-Date ▼ 960.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DAVID FEAR</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 11160 Sun Center Drive, Suite A		<b>Transaction ID: 18040501</b>	
City Rancho Cordova State CA Zip Code 95670-6121	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIMS Strategic Distribution Division Occupation Director of Strategic Distribution	Aggregate Year-to-Date ▼ 1075.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. CATHERINE FICARA</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 26999 Central Park Blvd.		<b>Transaction ID: 18040502</b>	
City State Zip Code Southfield MI 48076-4174		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Austin Financial Group LL-CUnited Health Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. LINDA FRIEDRICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 30275		<b>Transaction ID: 18040504</b>	
City State Zip Code Lincoln NE 68503-0275		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation UNICO Financial Services Inc. Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. KELLY FRISTOE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 807 8th Street, Suite 300 P.O. Box 4789		<b>Transaction ID: 18040505</b>	
City State Zip Code Wichita Falls TX 76308-0789		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Financial Partners Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 755.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. BRUCE GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1502 West Avenue		<b>Transaction ID: 18040507</b>	
City Austin State TX Zip Code 78701-1561	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bruce Gardner Insurance & Investments	Occupation Registered Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		

Full Name (Last, First, Middle Initial) <b>B. JOY GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9424 Double R Blvd		<b>Transaction ID: 18040508</b>	
City Reno State NV Zip Code 89521-5977	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Comstock Insurance Agencies Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

Full Name (Last, First, Middle Initial) <b>C. JANICE GILLEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 60809		<b>Transaction ID: 18040511</b>	
City Oklahoma City State OK Zip Code 73146-0809	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Beale Professional Services	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL GRAY

Mailing Address 233 South 13th Street  
Suite 1500

City Lincoln State NE Zip Code 68508-2017

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

Name of Employer The Harry A. Koch Company Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2880.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 6

**Transaction ID:** 18040515

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT GRUNDMAN

Mailing Address 7412 Karl Drive

City Lincoln State NE Zip Code 68516-4368

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

Name of Employer Senior Benefit Strategies Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 6

**Transaction ID:** 18040517

Amount of Each Receipt this Period  
 30.00

**C.** Full Name (Last, First, Middle Initial)  
SHELLY HARRISON

Mailing Address 9900 West 109th Street, Ste. 200

City Overland Park State KS Zip Code 66210-1422

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

Name of Employer UnitedHealthcare Occupation Manager Sales Administration

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 6

**Transaction ID:** 18040521

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. LEESA HAYES</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9700 Ormsby Station Road		<b>Transaction ID: 18040522</b>
City State Zip Code Louisville KY 40223-4038	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. LISA WETHERTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 4180 Providence Rd Suite 200		<b>Transaction ID: 18040523</b>
City State Zip Code Dahlonega GA 30533	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Benefit Designs	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY HENDRICKS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1605 S Eucalyptus Ave		<b>Transaction ID: 18040524</b>
City State Zip Code Broken Arrow OK 74012-5906	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Business Planning Group Of OK	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
HUGH HENDRICKSON

Mailing Address 1019 Pacific Ave. Suite 1110

City Tacoma State WA Zip Code 98402-4468

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

Name of Employer Strategic Employee Benefit Services  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040525

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
CAROLINE HESSELTINE

Mailing Address 7272 Wurzbach Road, Suite 104

City San Antonio State TX Zip Code 78240-4802

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

Name of Employer ABC / Associated Benefit Consultants  
Occupation Employee Benefit Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040526

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD HILL

Mailing Address 4435 O Street  
P.O. Box 30275

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer UNICO Financial Services Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040529

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT HOLLAND, JR.

Mailing Address PO Box 698

City State Zip Code  
Centralia WA 98531-0698

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

Name of Employer Centralia General Agencies Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040535

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
MARYLOU HUDMAN

Mailing Address 5330 Bent Tree Forest Drive, Suite

City State Zip Code  
Dallas TX 75248-3471

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

Name of Employer A Benefit Source Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040539

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
LISA ILLS

Mailing Address 4455 East Camelback Road, Suite D2

City State Zip Code  
Phoenix AZ 85018-2865

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

Name of Employer Glass Financial Group Occupation Employee Benefit Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040542

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TERRY IVES</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address P O Box 3459		<b>Transaction ID: 18040544</b>	
City State Zip Code San Clemente CA 92674-3459		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Executive Financial Advisors Inc. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID S JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1139 South Orem Blvd.		<b>Transaction ID: 18040545</b>	
City State Zip Code Orem UT 84058-6976		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer FirstWest Benefit Solutions Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. R JENSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6060 South Kenton Way		<b>Transaction ID: 18040547</b>	
City State Zip Code Englewood CO 80111		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. SUZANNE JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6235 Morrison Boulevard, Suite 302		<b>Transaction ID: 18040548</b>	
City State Zip Code Charlotte NC 28211-3508		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Strategic Employee Benefit Services Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. LARRY KACZMAREK</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2633 State Route 59, Suite B		<b>Transaction ID: 18040553</b>	
City State Zip Code Ravenna OH 44266-1684		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaczmarek Insurance Services Inc. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1335.00	

Full Name (Last, First, Middle Initial) <b>C. THELMA KACZMAREK</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2633 State Route 59, Suite B P O Box 345		<b>Transaction ID: 18040554</b>	
City State Zip Code Ravenna OH 44266		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaczmarek Ins. Services Agency Inc. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL KIELIAN</b>		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address PO Box 45279		<b>Transaction ID: 18040556</b>
City <b>Omaha</b>	State <b>NE</b>	Zip Code <b>68145-0279</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer The Harry A. Koch Company	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>960.00</b>	

Full Name (Last, First, Middle Initial) <b>B. BARBARA Jean KNOX</b>		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 111 East Ludwig Road, Suite 108		<b>Transaction ID: 18040557</b>
City <b>Fort Wayne</b>	State <b>IN</b>	Zip Code <b>46825-4240</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>30.00</b>
Name of Employer Intrahealthsolutions Inc.	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>245.00</b>	

Full Name (Last, First, Middle Initial) <b>C. MARY KRAMER</b>		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 2637 South 158th Plaza, Suite 200		<b>Transaction ID: 18040558</b>
City <b>Omaha</b>	State <b>NE</b>	Zip Code <b>68130-1769</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>40.00</b>
Name of Employer Holmes Murphy and Associates Inc.	Occupation <b>Vice President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>480.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
CHARLES LINEBERGER

Mailing Address 1536-A Union Rd

City State Zip Code  
Gastonia NC 28054-2204

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

Name of Employer Benefit Partners Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040562

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
CLARK LOEWE

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code  
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040565

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
KIMBERLY MARTIN

Mailing Address 180 Charlotte Highway

City State Zip Code  
Asheville NC 28803-9673

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

Name of Employer Ebenconcepts Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040572

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
PATRICIA MARTIN

Mailing Address 5177 Richmond Ave., # 1050

City State Zip Code  
Houston TX 77056

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

Name of Employer BenefitMall Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040573

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
CAROL MATZNICK

Mailing Address PO Box 38905

City State Zip Code  
Greensboro NC 27438-8905

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

Name of Employer North Carolina AHU Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040574

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID MOORE

Mailing Address PO Box 1006

City State Zip Code  
Burlington NC 27216-1006

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

Name of Employer David R. Moore CLU & Associates Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 18040583

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. WESLEY MOORE, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address P O Box 604		<b>Transaction ID: 18040584</b>	
City State Zip Code Darlington SC 29540-0604	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer W P Moore Agency	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1220.00		

Full Name (Last, First, Middle Initial) <b>B. JOSHUA NACE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 936 North 34th Street, Suite 208		<b>Transaction ID: 18040590</b>	
City State Zip Code Seattle WA 98103-8869	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dental Health Services Inc.	Occupation Vice President Sales & Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL NORRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 999 295 E Palmer Street		<b>Transaction ID: 18040598</b>	
City State Zip Code Franklin NC 28744-0999	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wayah Insurance Agency	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. THERESA OLSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 21479		<b>Transaction ID: 18040599</b>
City State Zip Code Keizer OR 97307	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Baglien-Olson Insurance Independent Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN PARKER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 47 Laurel Hill Drive		<b>Transaction ID: 18040602</b>
City State Zip Code Niantic CT 06357-1536	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Parker Agency Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID PERRY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1634 Ryan Street		<b>Transaction ID: 18040606</b>
City State Zip Code Lake Charles LA 70601-5949	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation The Perry Agency Inc. President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JOSEPH PHIFER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 5495 Belt Line Road, Suite 155		<b>Transaction ID: 18040609</b>
City State Zip Code Dallas TX 75254-7643	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SafeGuard Health Enterprises	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID PRESTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 1777		<b>Transaction ID: 18040613</b>
City State Zip Code Edmonds WA 98020-1777	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Insurance Resource Group Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. MARY PRUITT</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 53010		<b>Transaction ID: 18040614</b>
City State Zip Code Lubbock TX 79453-3010	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HealthSmart Preferred Care Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. DENNIS RECKER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 971 North Perry Street		<b>Transaction ID: 18040615</b>
City State Zip Code Ottawa OH 45875-1218	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fawcett Lammon Recker & Associates	Occupation Registered Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. GLEN RIENSCH</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 3601 Calvert, Ste. 1		<b>Transaction ID: 18040621</b>
City State Zip Code Lincoln NE 68506	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Advanced Insurance Services Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH RIOS-CARL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 124 West Castellano Drive, Suite 2		<b>Transaction ID: 18040622</b>
City State Zip Code El Paso TX 79912-6139	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Goodman Financial Group	Occupation VP - Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JOSEPH ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 7101 S. 82nd St., #B		<b>Transaction ID: 18040625</b>
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1832.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 100 S. Sunrise Way, PMB 364		<b>Transaction ID: 18040627</b>
City Palm Springs	State CA	Zip Code 92262
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. EUGENE ROWE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 16000 Ventura Blvd, Suite 1103		<b>Transaction ID: 18040631</b>
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer R & R Insurance and Retirement Service	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. STEPHEN SALAMON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 4252		<b>Transaction ID: 18040634</b>
City State Zip Code Timonium MD 21094-4252	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Heritage Financial Consultants LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT SCHUMACHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1137 Jonagold Way		<b>Transaction ID: 18040641</b>
City State Zip Code Mountain View CA 94513	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Schumacher & Walker Ins. Associates I	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. STUART SHAPIRO</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 587		<b>Transaction ID: 18040644</b>
City State Zip Code Wheeling IL 60090-0587	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Shapiro Financial Group Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. KENNETH SHERLIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address P. O. Box 1550		<b>Transaction ID: 18040646</b>	
City Asheville	State NC	Amount of Each Receipt this Period 30.00	
Zip Code 28801-1550		FEC ID number of contributing federal political committee. C	
Name of Employer Benefit Design Group	Occupation Marketing Partner	Aggregate Year-to-Date ▼ 290.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROGER SKINNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6612 East 75th Street, Suite 200		<b>Transaction ID: 18040649</b>	
City Indianapolis	State IN	Amount of Each Receipt this Period 25.00	
Zip Code 46250-2876		FEC ID number of contributing federal political committee. C	
Name of Employer GroupLink Inc.	Occupation President	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. PATRICIA SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 525 Kirkland Way		<b>Transaction ID: 18040651</b>	
City Kirkland	State WA	Amount of Each Receipt this Period 20.00	
Zip Code 98033		FEC ID number of contributing federal political committee. C	
Name of Employer Smith Meacham Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JACKIE SPRAGINS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 2073		<b>Transaction ID: 18040657</b>
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Spragins Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. RYAN THORN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 10342 South Springcrest Lane		<b>Transaction ID: 18040665</b>
City South Jordan	State UT	Zip Code 84095-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Ryan P. Thorn Insurance Planning Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. ALICIA TIEFENTHALER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 110 West 7th Street, Suite 2520		<b>Transaction ID: 18040666</b>
City Tulsa	State OK	Zip Code 74119-1104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Hillcrest Healthcare System	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) DANIEL TOMPKINS, III		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 1810 800 Old Roswell Lakes Pkwy Suite 3		<b>Transaction ID:</b> 18040667
City Roswell State GA Zip Code 30077-1810	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Admin America	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>B.</b> Full Name (Last, First, Middle Initial) JENNIFER TOUPS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 113113		<b>Transaction ID:</b> 18040668
City Metairie State LA Zip Code 70011-3113	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Business Insurance Group	Occupation Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JANET TRAUTWEIN-STOKES		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2000 N 14th Street		<b>Transaction ID:</b> 18040669
City Arlington State VA Zip Code 22201	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAHU	Occupation Executive VP, CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 885.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MARILYN STENGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 268 South Street		<b>Transaction ID: 18040672</b>	
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAS Financial Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1185.00		

Full Name (Last, First, Middle Initial) <b>B. ROBERT VERNON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 18251		<b>Transaction ID: 18040673</b>	
City State Zip Code Roanoke VA 24014-3004	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DRR Consulting Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. CHARLES WAGNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 9		<b>Transaction ID: 18040677</b>	
City State Zip Code Burwell NE 68823-0009	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Town and Country Insurance Agency Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY WALSH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 417		<b>Transaction ID: 18040679</b>	
City State Zip Code Hampstead NC 28443-0417	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Insurance Systems	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B. C.L. WESTMORELAND</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 925		<b>Transaction ID: 18040680</b>	
City State Zip Code Jackson MS 39205-0925	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Public Life Insurance Company	Occupation Director of Agency Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

Full Name (Last, First, Middle Initial) <b>C. MARCIA WILCOX</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 25302 153rd Place SE		<b>Transaction ID: 18040681</b>	
City State Zip Code Monroe WA 98272-9026	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Benefits Resource Group Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. SUE WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address P. O. Box 12816		<b>Transaction ID: 18040683</b>	
City State Zip Code Oklahoma City OK 73157		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sue Wilson Brokerage Inc. President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. PAULA WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 892740		<b>Transaction ID: 18040685</b>	
City State Zip Code Temecula CA 92589-2740		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Paula L. Wilson Inc. Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. LON WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3000 A Street, Suite 400		<b>Transaction ID: 18040687</b>	
City State Zip Code Anchorage AK 99503-4040		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation The Wilson Agency LLC Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. HARRY WITSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1150 Glenwood Court		<b>Transaction ID: 18040689</b>	
City State Zip Code Vineland NJ 08361-8510	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Benefit Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. BARBARA WONG</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1311 L Street		<b>Transaction ID: 18040690</b>	
City State Zip Code Anchorage AK 99501	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capital Management Benefits Corp.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C. Debbie Blander</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 2441 Rutland Pl		<b>Transaction ID: 18053934</b>	
City State Zip Code Thousand Oaks CA 91362-1603	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Warner Pacific Insurance Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Susan McGinnis</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 8516 East 101st, Suite H		<b>Transaction ID: 18053937</b>	
City State Zip Code Tulsa OK 74133-7035		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BenEx Insurance Agency		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00	

Full Name (Last, First, Middle Initial) <b>B. BETTY DOYLE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 108 SE 3rd, Suite A		<b>Transaction ID: 18053938</b>	
City State Zip Code Moore OK 73160		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Doyle Insurance Source		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN Philip GARVEN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 11715 East Main Street - PO Box 8		<b>Transaction ID: 18053943</b>	
City State Zip Code Huntley IL 60142-6913		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Benico LTD		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Jeanne Filchock

Mailing Address 1001 Lakeside Ave, Ste 1000

City Cleveland State OH Zip Code 44114

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

Name of Employer United Healthcare Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 6

**Transaction ID: 18053949**

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
EVA Jean FOMALONT

Mailing Address 2500 Louisiana Blvd NE, Suite 300

City Albuquerque State NM Zip Code 87110-4372

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

Name of Employer Delta Dental Plans of NM Occupation Mgr., Sales/Retention Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1475.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

**Transaction ID: 18054032**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Andy Dickmeyer

Mailing Address PO Box 45279

City Omaha State NE Zip Code 68145-0279

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

Name of Employer The Harry A. Koch Co. Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

**Transaction ID: 18054033**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Joan Metz Bumgarner

Mailing Address 801 N. Brand Blvd. #900

City State Zip Code  
Glendale CA 91203-1237

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

Name of Employer  
Word & Brown Insurance Administrators

Occupation  
Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

**Transaction ID:** 18054040

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Sheri Caprio

Mailing Address 6300 Canoga Avenue

City State Zip Code  
Valencia CA 91354

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

Name of Employer  
Blue Shield of California

Occupation  
Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 6

**Transaction ID:** 18077306

Amount of Each Receipt this Period  
780.00

**C.** Full Name (Last, First, Middle Initial)  
SUZANNE JOHNSON

Mailing Address 6235 Morrison Boulevard, Suite 302

City State Zip Code  
Charlotte NC 28211-3508

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

Name of Employer  
Strategic Employee Benefit Services

Occupation  
Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 6

**Transaction ID:** 18077310

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>930.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael G. Campbell

Mailing Address 9899 Main St., # 210A

City State Zip Code  
Damascus MD 20872-2064

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

Name of Employer  
Campbell & Associates Insurance Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** 18213297

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City State Zip Code  
Salem VA 24153-7474

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

Name of Employer  
Lewis-Gale Medical Center

Occupation  
Director of Provider Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 6

**Transaction ID:** 18215031

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
William W. Meacham

Mailing Address P O Box 1848

City State Zip Code  
Bellevue WA 98009

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

Name of Employer  
The Meachman Group LLC

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

**Transaction ID:** 18216988

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	915.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 119 South Main Street, Suite 560

City State Zip Code  
Memphis TN 38103

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

Name of Employer  
Synaxis Polk & Sullivan Insurance

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** 18216990

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Jacky L. Baker

Mailing Address PO Box 1588

City State Zip Code  
Hickory NC 28603-1588

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

Name of Employer  
Blue Cross Blue Shield Of NC

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 6

**Transaction ID:** 18217007

Amount of Each Receipt this Period  
120.00

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

Mailing Address 1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

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

Name of Employer  
Ray Silva Insurance Associates Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 6

**Transaction ID:** 18345333

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. KERRY D ALDRIDGE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 1501 N. Limestone, Suite 100		<b>Transaction ID: 18345450</b>	
City Lexington	State KY	Amount of Each Receipt this Period 80.00	
Zip Code 40505-3200			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CKBS Insurance Group	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		

Full Name (Last, First, Middle Initial) <b>B. SHARON ALT</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 6410 Southwest Blvd, Suite 204		<b>Transaction ID: 18345451</b>	
City Fort Worth	State TX	Amount of Each Receipt this Period 50.00	
Zip Code 76109-3920			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alt Benefit Consultants Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C. RICK D. BAILEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 4390 Earney Road, Suite 240		<b>Transaction ID: 18345456</b>	
City Woodstock	State GA	Amount of Each Receipt this Period 30.00	
Zip Code 30188-5687			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rick Bailey & Company Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2785 East Desert Inn Rd., # 134

City State Zip Code  
Las Vegas NV 89121-3623

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

Name of Employer Occupation  
KIA Insurance Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 924.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID: 18345461**

Amount of Each Receipt this Period  
84.00

**B.** Full Name (Last, First, Middle Initial)  
BRADFORD H. BLAIN

Mailing Address P O Box 4510

City State Zip Code  
Lexington KY 40544-4510

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

Name of Employer Occupation  
Al Torstrick Insurance Agency Inc. Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID: 18345463**

Amount of Each Receipt this Period  
30.00

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

Mailing Address PO Box 11310

City State Zip Code  
Chattanooga TN 37401-2310

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

Name of Employer Occupation  
Russ Blakely & Associates Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID: 18345464**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	144.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
DONALD J BOOTH

Mailing Address 8711 Plantation Lane, Suite 301

City State Zip Code  
Manassas VA 20110

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

Name of Employer Capital Group Benefits Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345466

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
JIM BOWMAN

Mailing Address 2701 West 15th Street, # 554

City State Zip Code  
Plano TX 75075-7523

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

Name of Employer Bowman & Bowman Consultants Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345468

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
SHAWN F BRASHEARS

Mailing Address 110 Old Padonia Road, Suite 201

City State Zip Code  
Cockeysville MD 21030-4949

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

Name of Employer Compensation Concepts Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345470

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. SYDNEY BRILEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 605 E Van Buren Street		<b>Transaction ID: 18345471</b>	
City State Zip Code Broken Arrow OK 74011-7261		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Employee Benefit Solutions Inc.		Occupation Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>B. ELEANOR BROCKHURST</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 1212 East Osborn Road, Suite 110		<b>Transaction ID: 18345472</b>	
City State Zip Code Phoenix AZ 85014-5533		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Brockhurst & Associates Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS A. BRYON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 9820 Metcalf Ave., # 110		<b>Transaction ID: 18345473</b>	
City State Zip Code Overland Park KS 66212		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer SS&G and Associates Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
JIMMY G CHANDLER

Mailing Address 10 Oriole Glen

City Swannanoa State NC Zip Code 28778

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

Name of Employer Health & Disability Specialists Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345475

Amount of Each Receipt this Period  
 30.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID S. CLULEY

Mailing Address 2220 Glen Echo, SE

City Grand Rapids State MI Zip Code 49546-5521

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

Name of Employer PPOM Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345479

Amount of Each Receipt this Period  
 30.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS J DANIELS

Mailing Address 120 Wood Avenue South, Suite 300

City Iselin State NJ Zip Code 08830-2709

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

Name of Employer WellChoice Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345485

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ROSEMARY DEININGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 12801 N. Central Expressway, Suite		<b>Transaction ID: 18345488</b>	
City State Zip Code Dallas TX 75243-1741	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Waldman Brothers	Occupation Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B. DAVID M DEITCH</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 2785 East Desert Inn Road, Suite 1		<b>Transaction ID: 18345489</b>	
City State Zip Code Las Vegas NV 89121-3623	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer KIA Insurance	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. CLAUDIA S DODGE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 2108 W. Laburnum Ave., # 300		<b>Transaction ID: 18345493</b>	
City State Zip Code Richmond VA 23226	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer BB&T Benefit Consultants of Virginia	Occupation AVP - Sales Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
NICOLE FAIRBAIRN WONNELL

Mailing Address 14701 Cumberland Road, Suite 180

City State Zip Code  
Noblesville IN 46060-8715

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

Name of Employer Creative Insurance Concepts Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345494

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES T GARTLAN

Mailing Address PO Box 1268

City State Zip Code  
Toms River NJ 08754-1268

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

Name of Employer BenefitPort LLC Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345502

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
GERARD R. GERSHONOWITZ

Mailing Address 980 Broadway, Suite 608

City State Zip Code  
Thornwood NY 10594-1313

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

Name of Employer Morrell Consulting Group Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345503

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RICHARD R GIRDLER, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 113 Seaboard Lane, Suite C-170		<b>Transaction ID: 18345505</b>	
City State Zip Code Franklin TN 37067-8281		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cowan Benefit Services Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. CAROLYN L GOODWIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 4851 LBJ Freeway, Suite 800		<b>Transaction ID: 18345507</b>	
City State Zip Code Dallas TX 75244-6004		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CBIZ Benefits & Insurance Services		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. SARAH Gunter GUNTER CANEZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 7700 Broadway #201 19921 FM 2252 (zip is 78266)		<b>Transaction ID: 18345509</b>	
City State Zip Code San Antonio TX 78215-1824		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer EFGI Insurance & Bonds		Occupation Principal/Steve Jamison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. WALTER T. HALE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 211 East Church Street		<b>Transaction ID: 18345511</b>
City State Zip Code Morrilton AR 72110-3419	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hawkins Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) <b>B. SHEILA H HARTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 21700 Oxnard St., # 1270		<b>Transaction ID: 18345514</b>
City State Zip Code Woodland Hills CA 91367-3669	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Financial Independence Co-mpany	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. LORI J HEADLEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 14725		<b>Transaction ID: 18345516</b>
City State Zip Code Portland OR 97293-0725	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Healthwise Insurance Plan-ning	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
W RICHARD HERD

Mailing Address 883 West Baxter Drive

City State Zip Code  
South Jordan UT 84095-8506

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

Name of Employer  
McDermott Company & Associates Inc.

Occupation  
Employee Benefits & Pensions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345518

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code  
Burbank CA 91501-1522

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

Name of Employer  
Jardez Financial & Insurance Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345519

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
SHERI S HOKIN

Mailing Address 3330 Dundee Road, Suite C-3

City State Zip Code  
Northbrook IL 60062-2328

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

Name of Employer  
Hokin Sternberg Insurance Services

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345523

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MATT B HOLCOMB</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 89144		<b>Transaction ID: 18345524</b>
City State Zip Code Atlanta GA 30305-1733	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kayda Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. MICHELLE S HOWARD</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 2850 West Grand Boulevard		<b>Transaction ID: 18345525</b>
City State Zip Code Detroit MI 48202-2643	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Alliance Plan	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID S JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 871129		<b>Transaction ID: 18345526</b>
City State Zip Code Stone Mountain GA 30087-0029	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer David S. Johnson Insurance	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1415.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
ERIC D. JOHNSON

Mailing Address 3510 Willow Ridge Drive

City State Zip Code  
Arlington TX 76017

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

Name of Employer BenefitPort Southwest Occupation Life & Health Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345527

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RANDY C. JOPPIE

Mailing Address 5075 Cascade Road SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer Collins & Associates Corporation Occupation Director of Employee Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345533

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1173 Brittmoore Road

City State Zip Code  
Houston TX 77043-5003

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

Name of Employer Benefit Concepts Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345536

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 140		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b> Full Name (Last, First, Middle Initial) ROY W KERN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1722 S Glenstone Ave Ste II P.O. Box 10906 GS		<b>Transaction ID:</b> 18345538
City Springfield State MO Zip Code 65804-1516	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Roy W Kern & Associates	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) JOHN KIEBLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 300 West Vine Street		<b>Transaction ID:</b> 18345539
City Lexington State KY Zip Code 40507-1621	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CHA Health	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>C.</b> Full Name (Last, First, Middle Initial) LAURIE J KIRKLAND		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 10088		<b>Transaction ID:</b> 18345540
City Yakima State WA Zip Code 98909-1088	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Conover Insurance Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JESSICA L LAGUSCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 445 Hutchinson Avenue, Suite 240		<b>Transaction ID: 18345543</b>
City Columbus State OH Zip Code 43235-8617	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer UnumProvident Occupation Account Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00

Full Name (Last, First, Middle Initial) <b>B. THOMAS W LANE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 5504		<b>Transaction ID: 18345545</b>
City Maryville State TN Zip Code 37802-5504	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer NAHU Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00

Full Name (Last, First, Middle Initial) <b>C. SUE LARSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 6465		<b>Transaction ID: 18345546</b>
City Santa Barbara State CA Zip Code 93111-1925	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 75.00
Name of Employer Larsen Insurance Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT M LAY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 3112 Forest Avenue		<b>Transaction ID: 18345549</b>
City State Zip Code Fort Worth TX 76112-7002	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lay & Williams Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MARILYN LEONARD</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 3676 Woodley Drive		<b>Transaction ID: 18345551</b>
City State Zip Code San Jose CA 95148-2829	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Beacon Ridge Health Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. RONALD M LEVINE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 3965 Johns Creek Ct., Suite- A		<b>Transaction ID: 18345552</b>
City State Zip Code Suwanee GA 30024	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ARINSO International	Occupation Vice President of Sales, SE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS S. MASSEI, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 832 Humewick Way		<b>Transaction ID: 18345559</b>
City State Zip Code Sunnyvale CA 94087-3534	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Massei Insurance Services Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL E MATZNICK</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 38248 3300 Battleground Ave. #200 (2741)		<b>Transaction ID: 18345560</b>
City State Zip Code Greensboro NC 27438-8248	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer EbenConcepts Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	

Full Name (Last, First, Middle Initial) <b>C. CHRISTA MCCONATHY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 5171 Verdugo Way		<b>Transaction ID: 18345563</b>
City State Zip Code Ventura CA 93004	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Golden West Dental Health Plan	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN R MCCONNAUGHEY

Mailing Address PO Box 805

City State Zip Code  
West Chester OH 45071-0805

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

Name of Employer Occupation  
JRM & Associates Agency Insurance Agent  
Inc

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 455.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345564

Amount of Each Receipt this Period  
30.00

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

Mailing Address 883 West Baxter Drive

City State Zip Code  
South Jordan UT 84095-8506

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

Name of Employer Occupation  
McDermott Company & Associates Insurance Agent  
Inc

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345565

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
WARD MCKALSON

Mailing Address 532 Pajaro Street

City State Zip Code  
Salinas CA 93901-3346

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

Name of Employer Occupation  
McKalsn Insurance Agency President

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345566

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
DANIEL W. MCMAHON

Mailing Address 123 East 2nd Avenue

City State Zip Code  
Spokane WA 99202-1504

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

Name of Employer Jones & Mitchell Insurance Occupation Benefits Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345567

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
TRAVIS S. MIDDLETON

Mailing Address 20501 Katy Freeway, # 219

City State Zip Code  
Katy TX 77450-1935

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

Name of Employer TradeMark Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345569

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
CAROLYNNE E. MULDOON

Mailing Address 457 Main Street

City State Zip Code  
Longmont CO 80501-5534

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

Name of Employer Milestone Insurance Agency Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345575

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
LINDA J NEW

Mailing Address P. O. Box 28543

City State Zip Code  
Austin TX 78755-8543

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

Name of Employer Occupation  
New Insurance Benefits Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID: 18345577**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
FRANK R NOVY

Mailing Address 21238 Woodview Circle

City State Zip Code  
Strongsville OH 44149-9261

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

Name of Employer Occupation  
Qualified Administrative Services Inc Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID: 18345580**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
NICHOLAS Alan OGDEN

Mailing Address PO Box 3725

City State Zip Code  
Wilmington NC 28406

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

Name of Employer Occupation  
David Hill and Associates INC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID: 18345582**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JESSE A PATTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1112 Maple Street		<b>Transaction ID: 18345589</b>
City State Zip Code West Des Moines IA 50265	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group Inc.	Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3060.00	

Full Name (Last, First, Middle Initial) <b>B. SUSAN Maley RASH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 2108 West Laburnum Avenue, Suite 3		<b>Transaction ID: 18345602</b>
City State Zip Code Richmond VA 23227-4300	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. JON C RAUSER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 400 East Wisconsin Avenue, # 200		<b>Transaction ID: 18345603</b>
City State Zip Code Milwaukee WI 53202-4499	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 170.00
Name of Employer The Rauser Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2040.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	445.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 12200 Northwest Freeway, Suite 662

City State Zip Code  
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345609

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM D ROBINSON

Mailing Address 739 East Jackson Street

City State Zip Code  
Martinsville IN 46151-2033

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

Name of Employer American Community Mutual Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345612

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
EDWARD L. ROLING

Mailing Address 343 Six Forks Road

City State Zip Code  
Raleigh NC 27609-7800

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

Name of Employer Delta Dental of North Carolina Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345613

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. FRANCIS A RUGGIERO</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 15 Kennedy Drive		<b>Transaction ID: 18345617</b>	
City State Zip Code Budd Lake NJ 07828-1438	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Ruggiero Group LLC	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00		

Full Name (Last, First, Middle Initial) <b>B. CRISTY RUSSELL GUPTO</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 357 Sanford Drive		<b>Transaction ID: 18345619</b>	
City State Zip Code Morganton NC 28655	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Flexible Benefit Management	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. ALFONSO C. SCHIEBEL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 200 Sandy Springs Pl., # 300A		<b>Transaction ID: 18345620</b>	
City State Zip Code Atlanta GA 30328-5918	Amount of Each Receipt this Period 33.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ashford Advisors Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	133.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MEL A SCHLESINGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address PO Box 30100		<b>Transaction ID: 18345621</b>	
City State Zip Code Winston Salem NC 27130-0100		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Rainmakers Group Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1130.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES D SCHULZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 7101 S. 82nd St.		<b>Transaction ID: 18345623</b>	
City State Zip Code Lincoln NE 68516-6574		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY SHERROD</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 1203-B West Loop 281, Suite 103		<b>Transaction ID: 18345626</b>	
City State Zip Code Longview TX 75604		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Insurance Co.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	195.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. BOB G SHUPE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address PO Box 2344		<b>Transaction ID: 18345627</b>	
City State Zip Code Brentwood TN 37024-2344		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ESP Inc		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. JON SIVERS</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 10731 Treena St., # 109		<b>Transaction ID: 18345628</b>	
City State Zip Code San Diego CA 92131-1040		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer BenefitPro Insurance Services Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. ANNE P SPERLING</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 25 Antigua Road		<b>Transaction ID: 18345634</b>	
City State Zip Code Santa Fe NM 87508-2201		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Daniels Insurance Inc.		Occupation Employee Benefits Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. NORMAN D. SPRINGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1626 East 203rd Street		<b>Transaction ID: 18345635</b>
City State Zip Code Westfield IN 46074-9687	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Community Mutual	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. CAROL A. STEELE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1000 South Cleveland-Massillon Rd,		<b>Transaction ID: 18345637</b>
City State Zip Code Akron OH 44333-9204	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Benefit Designs Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES R STENGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 268 South Street		<b>Transaction ID: 18345638</b>
City State Zip Code Morristown NJ 07960-6019	Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAS Financial Services	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. PHYLLIS SWEEZY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address P O Box 1769		<b>Transaction ID: 18345647</b>	
City State Zip Code Morganton NC 28680-1769		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Black & Associates LLC		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B. PAUL D TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 5007 Carriage Drive Suite G-1		<b>Transaction ID: 18345648</b>	
City State Zip Code Roanoke VA 24018-1937		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Taylor Insurance		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. DONALD B THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 9700 Ormsby Station Rd., # 200		<b>Transaction ID: 18345649</b>	
City State Zip Code Louisville KY 40223-4207		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Thompson Associates Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ALBERT J TRAVASOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 2255 Glades Road, Suite 420A		<b>Transaction ID: 18345650</b>
City State Zip Code Boca Raton FL 33431-7379	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

Full Name (Last, First, Middle Initial) <b>B. CHARLES TROGDON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 7910 North Ingram Avenue, Suite 20		<b>Transaction ID: 18345651</b>
City State Zip Code Fresno CA 93711-5828	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Gallagher Benefit Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>C. PETER VINTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 9480 Deereco Road		<b>Transaction ID: 18345655</b>
City State Zip Code Timonium MD 21093-2102	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	155.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
M HUGHES WARREN, JR

Mailing Address P.O. Box 7661

City State Zip Code  
Wilmington NC 28406-7661

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

Name of Employer Occupation  
Ebenconcepts Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345657

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
AMY R WEBB

Mailing Address 7 E. Main Street Suite 200

City State Zip Code  
Moorestown NJ 08057-3831

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

Name of Employer Occupation  
Saratoga Benefit Services LLC. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345659

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
JENNIFER L. WENKE

Mailing Address 1395 Panther Lane, Suite 100

City State Zip Code  
Naples FL 34109

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

Name of Employer Occupation  
Lutgert Smith Leshner Insurance Inc. Sr. Customer Service Rep - L & H

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345662

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
KELLY J WITT

Mailing Address 2677 N. Main St. #350

City State Zip Code  
Santa Ana CA 92705-6750

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

Name of Employer LISI Occupation Regional Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345665

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
DIANALOU WOLFF

Mailing Address 106 Main Street

City State Zip Code  
Kingston NY 12401

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

Name of Employer Benefit Counseling Associates Occupation Group & Health Benefit Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345666

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1311 L Street

City State Zip Code  
Anchorage AK 99501

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

Name of Employer Capital Management Benefits Corp. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 18345667

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code  
Fort Wayne IN 46825-4240

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

Name of Employer  
IntraHealth Solutions In-c.

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** 18345668

Amount of Each Receipt this Period  
85.00

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

Mailing Address 119 South Main Street, Suite 560

City State Zip Code  
Memphis TN 38103

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

Name of Employer  
Synaxis Polk & Sullivan Insurance

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID:** 18345692

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM J. BRANNON

Mailing Address 7 Terrace Way, Suite C

City State Zip Code  
Greensboro NC 27403-3666

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

Name of Employer  
Group US Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID:** 18345693

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
G. Russell GARNER

Mailing Address 1308 Murraywood Drive

City State Zip Code  
Columbia SC 29212-1159

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

Name of Employer Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345694**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
PATRICE GOLDFARB

Mailing Address 442 Teaneck Rd.

City State Zip Code  
Ridgefield Park NJ 07660-1516

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

Name of Employer Occupation  
The Employee Benefits Advisors Group Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345695**

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
ROSS W KRAFT

Mailing Address 41 Notre Dame Lane

City State Zip Code  
Utica NY 13502

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

Name of Employer Occupation  
Meridian Group of New York Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345699**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 121 / 140						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT P POLI

Mailing Address 6101 Executive Boulevard, Suite 12

City State Zip Code  
Rockville MD 20852-3907

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

Name of Employer  
Insurance Marketing Center Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345703**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN SUGG

Mailing Address 4108 Alcazar NE, Suite A

City State Zip Code  
Albuquerque NM 87109-1809

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

Name of Employer  
The Sugg Group LLC

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345712**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
OWEN W. WINGATE

Mailing Address 155 Professional Dr

City State Zip Code  
Ponte Vedra Beach FL 32082-6217

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

Name of Employer  
Wingate Insurance Group Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345714**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
LUANN S. YARBERRY

Mailing Address 1300 10th Street

City State Zip Code  
Wichita Falls TX 76301-3227

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

Name of Employer Allred-Thompson-Mason-Daugherty Ins.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345715

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345716

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH A. KELLIHER

Mailing Address 15 South Jefferson St.

City State Zip Code  
Roanoke VA 24011-1303

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

Name of Employer Benefits Group Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345718

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
THOMAS SHORES

Mailing Address 8596 W Bolsa Ct.

City State Zip Code  
Boise ID 83709-5196

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

Name of Employer T.A. Shores Inc. Occupation Business Growth Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345719

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
BRUCE D BENTON

Mailing Address 19528 Ventura Boulevard # 596

City State Zip Code  
Tarzana CA 91356-2917

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

Name of Employer Genesis SmithBenton Insurance & Financ Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345720

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN Philip GARVEN

Mailing Address 11715 East Main Street - PO Box 8

City State Zip Code  
Huntley IL 60142-6913

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

Name of Employer Benico LTD Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345724

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 140		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WILLIS H. GLAROS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address PO Box 184		<b>Transaction ID: 18345725</b>	
City State Zip Code Dyer IN 46311-0184	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Employer Benefit Systems	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA A GRIFFEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 227 Dixie Way North Suite 210		<b>Transaction ID: 18345726</b>	
City State Zip Code South Bend IN 46637	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Page 1 Benefits Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00		

Full Name (Last, First, Middle Initial) <b>C. STEPHEN A GRIM</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address P O Box 1105		<b>Transaction ID: 18345727</b>	
City State Zip Code Virginia Beach VA 23451-0105	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mid-Atlantic Agency Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. DWIGHT A. HALL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 11555 North Meridian Street, Suite		<b>Transaction ID: 18345728</b>
City State Zip Code Carmel IN 46032-6945	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sagamore Health Network Inc.	Occupation Business Development Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>B. ZAVEN KAZAZIAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 35 North Lake Avenue, Suite 720		<b>Transaction ID: 18345731</b>
City State Zip Code Pasadena CA 91101-1856	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Garner Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM Ben KEEL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 22318 Provincial Boulevard		<b>Transaction ID: 18345732</b>
City State Zip Code Katy TX 77450-1622	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Financial & Insurance Con- sults	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JUAN LOPEZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 1851 E. First Suite 1100		<b>Transaction ID: 18345734</b>
City State Zip Code Orange CA 92868-1538	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kaiser Permanente Occupation Manager	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CARLA MAGARITY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 20301 Ventura Blvd, Suite 310		<b>Transaction ID: 18345735</b>
City State Zip Code Woodland Hills CA 91364-0940	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Time Employee Benefits Occupation Insurance Agent	Aggregate Year-to-Date ▼ 245.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. RYAN R. MCDERMOTT</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 883 West Baxter Drive		<b>Transaction ID: 18345737</b>
City State Zip Code South Jordan UT 84095-8506	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer McDermott Company & Associates Occupation Insurance Agent	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY R. MILES</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 578 Washington Blvd., #801		<b>Transaction ID: 18345739</b>
City State Zip Code Marina del Rey CA 90292-5442	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00
Name of Employer The Miles Organization Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) <b>B. RON J. NEZAT</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address PO Box 91180		<b>Transaction ID: 18345740</b>
City State Zip Code Lafayette LA 70509-1180	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00
Name of Employer Global Financial Resources Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) <b>C. BRIAN URBAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address P. O. Box 706		<b>Transaction ID: 18345746</b>
City State Zip Code Boys Town NE 68010-0706	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Corporate Resource Group Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City State Zip Code  
Lafayette LA 70503-3215

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

Name of Employer  
Physician's Mutual Insurance  
Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2006

**Transaction ID: 18345747**

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
DAN WEBB

Mailing Address 2108 24th St Ste 2

City State Zip Code  
Bakersfield CA 93301-3748

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

Name of Employer  
The Webb Insurance Group  
Occupation  
Marketing Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2006

**Transaction ID: 18345748**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD E. WHEELER

Mailing Address 617 Highway 71, Building 2-6

City State Zip Code  
Brielle NJ 08730-1838

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

Name of Employer  
Richard E. Wheeler Insurance Services  
Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2006

**Transaction ID: 18345749**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
RICHARD P COBURN

Mailing Address 19 Minor Court

City State Zip Code  
San Rafael CA 94903-3716

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

Name of Employer Word & Brown Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345758

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway Suite 230

City State Zip Code  
Norcross GA 30092-2188

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

Name of Employer DeBruin Benefit Services Inc./ AA LaR Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345759

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
RICK G DYE

Mailing Address 5910 Toole Drive, Suite B

City State Zip Code  
Knoxville TN 37919-4178

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

Name of Employer Target Benefits Company Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345761

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. DONALD W. GARLITZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address PO Box 50706		<b>Transaction ID: 18345762</b>	
City State Zip Code Provo UT 84605-0706		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer FirstWest Benefit Solutions		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. NICOLE Ellyce GUNIA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 354 Eisenhower Parkway Suite 2850		<b>Transaction ID: 18345765</b>	
City State Zip Code Livingston NJ 07039		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Benefitmall		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. BRENT G. JONES</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 1787 Tribute Road, Suite E		<b>Transaction ID: 18345766</b>	
City State Zip Code Sacramento CA 95815-4404		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Integrity Administrators Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
BRIAN W. LIECHTY

Mailing Address 120 East Washington Street

City State Zip Code  
Plymouth IN 46563-1744

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

Name of Employer Occupation  
KL Benefits Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1080.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345771**

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
SUSAN TULLIS LUVISI

Mailing Address 1665 San Marco Boulevard

City State Zip Code  
Jacksonville FL 32207-3001

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345772**

Amount of Each Receipt this Period  
20.00

**C.** 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. **C**

Name of Employer Occupation  
Southern Utah Insurance Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345774**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. PATRICIA MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address PO Box 8357		<b>Transaction ID: 18345776</b>
City State Zip Code Tyler TX 75711-8357	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hibbs-Hallmark & Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) <b>B. ALINE H. ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address 3537 Old Conejo Road Suite 114		<b>Transaction ID: 18345784</b>
City State Zip Code Newberry Park CA 91320	Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Insurance Dimensions	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1790.00	

Full Name (Last, First, Middle Initial) <b>C. GREG J. SEIFERT</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6
Mailing Address PO Box 189 916 Main Street		<b>Transaction ID: 18345787</b>
City State Zip Code Vancouver WA 98666-0189	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Biggs Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 133 / 140</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DAVID C. SMITH

Mailing Address 1218 Broad Street

City State Zip Code  
Durham NC 27705

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

Name of Employer: Benefits & Insurance Law Center  
Occupation: Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345788**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 124 Washington Street

City State Zip Code  
Middletown CT 06457-2820

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

Name of Employer: AmeriBen Alliance LLC  
Occupation: Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345789**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
KENNETH J. STATZ

Mailing Address PO Box 41068

City State Zip Code  
Brecksville OH 44141-0068

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

Name of Employer: Statz & Associates  
Occupation: Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 6

**Transaction ID: 18345790**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code  
Tyler TX 75701-9455

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

Name of Employer Threlkeld & Company Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345793

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
BARRY W WILSON

Mailing Address 8523 S. Winston Avenue

City State Zip Code  
Tulsa OK 74137-1915

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

Name of Employer Wilson Insurance Group  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345794

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
SHELLY K WINSON

Mailing Address PO Box 1914

City State Zip Code  
Scottsdale AZ 85252-1914

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

Name of Employer GroupLink Inc  
Occupation Individual Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Transaction ID: 18345795

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ERIC S. TOWNSEND</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1658 Presto Avenue		<b>Transaction ID: 18345804</b>	
City State Zip Code Indianapolis IN 46224-5640	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mutual of Omaha	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B. THOMAS R BELDING</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 10917 Old River Trail		<b>Transaction ID: 18345805</b>	
City State Zip Code Edmond OK 73013-8382	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Professional Reinsurance Marketing Ser	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. JAMES C BOSIER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 1230		<b>Transaction ID: 18345806</b>	
City State Zip Code Waterloo IA 50704-1230	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Net Worth Advisors	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RUSH DAVID DIXON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1375 Piccard Drive		<b>Transaction ID: 18345809</b>	
City State Zip Code Rockville MD 20850-4311	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1220.00		

Full Name (Last, First, Middle Initial) <b>B. CHRIS HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 921-C South McPherson Church Road		<b>Transaction ID: 18345811</b>	
City State Zip Code Fayetteville NC 28303-5368	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ebenconcepts Company	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00		

Full Name (Last, First, Middle Initial) <b>C. HUGH HENDRICKSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1019 Pacific Ave. Suite 1110		<b>Transaction ID: 18345812</b>	
City State Zip Code Tacoma WA 98402-4468	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 137 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
SANDRA JOHNSON

Mailing Address 12500 Network Blvd, # 403

City State Zip Code  
San Antonio TX 78249-3310

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

Name of Employer Occupation  
Hairston Johnson & Associates PLLC Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

**Transaction ID: 18345814**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
CLAUDIA MACIUK

Mailing Address 2040 Terry Street, Suite 101

City State Zip Code  
Longmont CO 80501-1890

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

Name of Employer Occupation  
Volk & Associates Insurance Agency Inc Broker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

**Transaction ID: 18345817**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 17 North Delmorr Avenue

City State Zip Code  
Morrisville PA 19067-6278

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

Name of Employer Occupation  
Avanti Benefits Corp President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1020.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

**Transaction ID: 18345822**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>21787.00</b>

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

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

FOR LINE NUMBER: (check only one)

PAGE 138 / 140

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

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

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 18356796																					
<b>A. Merchant Services</b>		Date of Disbursement																					
Mailing Address 7300 Chapman Hwy		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	1		2	0	0	6														
City Knoxville	State TN	Zip Code 37920-6612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		<table border="1"> <tr> <td colspan="10">321.17</td> </tr> </table>		321.17																			
321.17																							
Candidate Name		<table border="1"> <tr> <td colspan="10">001</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table>		001										Category/Type									
001																							
Category/Type																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						
		<b>Credit Card Processing Fee</b>																					

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 18038487																					
<b>B. Michael E. Dunn &amp; Associates, Inc.</b>		Date of Disbursement																					
Mailing Address 1700 North Moore Street Suite 2225		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	2		2	0	0	6														
City Arlington	State VA	Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Training Materials		<table border="1"> <tr> <td colspan="10">11100.00</td> </tr> </table>		11100.00																			
11100.00																							
Candidate Name		<table border="1"> <tr> <td colspan="10">001</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table>		001										Category/Type									
001																							
Category/Type																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						
		<b>PAC Training Materials</b>																					

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 18356797																					
<b>C. Bank of America</b>		Date of Disbursement																					
Mailing Address 7810 Old Branch Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	5		2	0	0	6														
City Clinton	State MD	Zip Code 20735	Amount of Each Disbursement this Period																				
Purpose of Disbursement Account Analysis Fee		<table border="1"> <tr> <td colspan="10">129.83</td> </tr> </table>		129.83																			
129.83																							
Candidate Name		<table border="1"> <tr> <td colspan="10">001</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table>		001										Category/Type									
001																							
Category/Type																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						
		<b>Account Analysis Fee</b>																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<table border="1"><tr><td>11551.00</td></tr></table>	11551.00
11551.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: 18356799</b>	
Mailing Address PO Box 53852		Date of Disbursement 12 / 21 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 86.78
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> 001 Category/ Type	
Candidate Name		Credit Card Processing Fees	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID: 18397988</b>	
Mailing Address 7810 Old Branch Avenue		Date of Disbursement 12 / 29 / 2006	
City Clinton	State MD	Zip Code 20735	Amount of Each Disbursement this Period 12.00
Purpose of Disbursement Bank Fee		<input type="checkbox"/> 001 Category/ Type	
Candidate Name		Bank Fee	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional) .....

98.78

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

11649.78

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 140

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

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

Full Name (Last, First, Middle Initial) <b>A. Bob Corker For Senate</b>		<b>Transaction ID: 17852521</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 832 Georgia Avenue Ste 200		Amount of Each Disbursement this Period 1000.00
City Chattanooga State TN Zip Code 37402	011 Category/ Type  Debt Retirement	
Purpose of Disbursement Debt Retirement		
Candidate Name Mr. Robert Corker		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DeMint For Senate Committee Inc</b>		<b>Transaction ID: 17906132</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address PO Box 10407		Amount of Each Disbursement this Period 2000.00
City Greenville State SC Zip Code 29603	011 Category/ Type  Contribution	
Purpose of Disbursement Contribution		
Candidate Name Sen. James DeMint		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 2	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

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

3000.00