

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	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		188966.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	69587.64									
(c) Total Receipts (from Line 19)	40301.46	426942.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109889.10	615909.28								
7. Total Disbursements (from Line 31)	56273.51	562293.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53615.59	53615.61								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	28960.96	260758.64
(ii) Unitemized	10340.50	165164.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39301.46	425923.16
(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)	39301.46	425923.16
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	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	19.48
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))	40301.46	426942.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40301.46	426942.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1493.51	16978.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1493.51	16978.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51000.00	516000.00
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	280.00	3255.00
(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))	280.00	3255.00
29. Other Disbursements.....	3500.00	26060.00
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))..	56273.51	562293.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56273.51	562293.67

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)	39301.46	425923.16
34. Total Contribution Refunds (from Line 28(d))	280.00	3255.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39021.46	422668.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1493.51	16978.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1493.51	16978.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Jill Age

Mailing Address 1081 19th St Ste 300

City State Zip Code
Virginia Beach VA 23451-5600

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

Name of Employer Occupation
Taylor Johnson Group Employee Benefits Sales Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38532

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Jeff Ahrendsen

Mailing Address 3830 Wakefield Dr

City State Zip Code
Colorado Springs CO 80906-4393

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

Name of Employer Occupation
Benefit Resources, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38958

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

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

Mailing Address PO Box 2424

City State Zip Code
Hickory NC 28603-2424

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

Name of Employer Occupation
Carolina first Assoc. Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38690

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Terry Allard</p> <p>Mailing Address 11619 Brook Hill Ct</p> <p>City Anchorage State AK Zip Code 99516-1970</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: The Wilson Agency, LLC Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38819</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Daniel Alm</p> <p>Mailing Address 5071 S 175th St</p> <p>City Omaha State NE Zip Code 68135-3457</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: BlueCross BlueShield of Nebraska Occupation: agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0</p> <p>Transaction ID: 10599-P39433</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Kirk Andonian</p> <p>Mailing Address 4423 Point Fosdick Dr NW Ste 306</p> <p>City Gig Harbor State WA Zip Code 98335-1794</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Berg Andonian Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1285.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38617</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Payroll Deduction (\$150.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	230.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Catherine M. Antonie</p> <p>Mailing Address W190 S7238 Lochcrest Blvd</p> <p>City State Zip Code Muskego WI 53150</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Planned Futures LLC Occupation: Employee Benefit Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P39041</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Elizabeth Ashmore</p> <p>Mailing Address 6102 82nd St Ste 6</p> <p>City State Zip Code Lubbock TX 79424-0803</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Ashmore & Associates Insurance Agency Occupation: agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1650.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0</p> <p>Transaction ID: 10599-P39144</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll Deduction (\$100.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Virginia T. Ashton-Vernon</p> <p>Mailing Address 3702 Alton Rd SW</p> <p>City State Zip Code Roanoke VA 24014-3004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Lewis-Gale Medical Center Occupation: Director of Provider Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0</p> <p>Transaction ID: 10599-P39222</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Payroll Deduction (\$40.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kimberly L. Auclair
Mailing Address 6873 Raccoon Ct
City Viera State FL Zip Code 32940-6869
FEC ID number of contributing federal political committee. **C**
Name of Employer Pineapple Financial Services, LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1120.00
Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0
Transaction ID: 10552-P38731
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jeffrey L. Bader
Mailing Address 1903 Otoole Way
City San Jose State CA Zip Code 95131-2238
FEC ID number of contributing federal political committee. **C**
Name of Employer Health & Life Associates Occupation Manager, Broker Services
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0
Transaction ID: 10552-P38691
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Rick D. Bailey
Mailing Address 117 Royal Oaks Dr
City Canton State GA Zip Code 30115-6587
FEC ID number of contributing federal political committee. **C**
Name of Employer Rick Bailey & Company, Inc. Occupation agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00
Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0
Transaction ID: 10552-P38809
Amount of Each Receipt this Period 110.00
Payroll Deduction (\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 170.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 173
	<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) Misty J. Baker		Date of Receipt
	Mailing Address 502 Brookside Pass		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cedar Park	TX	78613-4237
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lonestar Benefit Solutions		Occupation Agent	Transaction ID: 10552-P39015
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Andrea Baldrica		Date of Receipt
	Mailing Address 4825 Escapardo Way		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Colorado Springs	CO	80917-3719
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baldrica & Company		Occupation Agent	Transaction ID: 10552-P39016
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Kimberly L Ball		Date of Receipt
	Mailing Address 711 E Ashlan Ave		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fresno	CA	93704-3705
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of California		Occupation Agent	Transaction ID: 10552-P38872
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 173
	<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) Donald L. Balla		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 371 Steeplechase Dr		Transaction ID: 10552-P39017
	City Cranberry Twp	State PA	Zip Code 16066-2239
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Simpson & McCrady LLC	Occupation Agent	Payroll Deduction (\$30.00 Monthly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00
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B.	Full Name (Last, First, Middle Initial) Olin K. Barkdull		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 3920 Georgia Lane Circle		Transaction ID: 10552-P39056
	City Ammon	State ID	Zip Code 83406
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Barkdull & Company	Occupation Agent	Payroll Deduction (\$30.00 Monthly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00
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C.	Full Name (Last, First, Middle Initial) Diane L. Barton		Date of Receipt MM / DD / YYYY 10 / 24 / 2010
	Mailing Address 2732 Kerry Ln		Transaction ID: 10599-P39112
	City Oklahoma City	State OK	Zip Code 73120-2810
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Blue Cross Blue Shield of OK	Occupation Account Consultant	Payroll Deduction (\$30.00 Monthly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
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SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 12 / 173
(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. Bauer

Mailing Address 1027 Tahoe Dr

City Belmont State CA Zip Code 94002-3010

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

Name of Employer Bauer Financial Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38656
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 5151 W River Rd

City Waunakee State WI Zip Code 53597-9523

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

Name of Employer Dean Health Plan Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39410
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 3922 Rampart St

City Boise State ID Zip Code 83704-4557

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

Name of Employer Bean Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39019
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 173
(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)
Saundra K. Beaty

Mailing Address 5101 Highlands Dr

City State Zip Code
McKinney TX 75070-7622

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

Name of Employer Occupation
Tate Financial Group Agent

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39427

Amount of Each Receipt this Period
25.00

Payroll Deduction
(\$25.00 Monthly)

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

Mailing Address 2171 S Pebblecreek Ln

City State Zip Code
Boise ID 83706-6123

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

Name of Employer Occupation
self agent

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39100

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bruce D. Benton

Mailing Address 20161 Delita Dr

City State Zip Code
Woodland Hills CA 91364-3521

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

Name of Employer Occupation
Genesis SmithBenton Insurance & Finan Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1655.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39271

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 173
(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)
Stephanie Berger
Mailing Address 743 Diamond Dr
City Camarillo State CA Zip Code 93010-7497
FEC ID number of contributing federal political committee. **C**
Name of Employer HLS Insurance Services Occupation Large Group Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39020
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Christian Bergstrom
Mailing Address 300 1st Ave S Ste 500
City Saint Petersburg State FL Zip Code 33701-4200
FEC ID number of contributing federal political committee. **C**
Name of Employer Wallace Welch & Willingham, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38717
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David A Berman
Mailing Address 8805 Sawleaf Rd
City Indianapolis State IN Zip Code 46260-1534
FEC ID number of contributing federal political committee. **C**
Name of Employer Neace Lukens Holding Company, Inc. Occupation agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39411
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 173
	<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 Besselman		Date of Receipt
	Mailing Address 6421 Perkins Rd Bldg A # 2B		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Baton Rouge	LA	70808-6200
	FEC ID number of contributing federal political committee. C		Transaction ID: 10552-P38584
Name of Employer Besselman & Little Agency		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	<input type="text" value="250.00"/>
			Payroll Deduction (\$250.00 Monthly)

B.	Full Name (Last, First, Middle Initial) C. Sue Bisbee		Date of Receipt
	Mailing Address 4211 Parsifal St NE		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albuquerque	NM	87111-3374
	FEC ID number of contributing federal political committee. C		Transaction ID: 10599-P39428
Name of Employer Infinisource, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Robert J Bishop		Date of Receipt
	Mailing Address 2785 E Desert Inn Rd Ste 260		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Las Vegas	NV	89121-3693
	FEC ID number of contributing federal political committee. C		Transaction ID: 10552-P38616
Name of Employer KIA Insurance		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="380.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 173

(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)

<p>A. Full Name (Last, First, Middle Initial) Bradford H. Blain</p> <p>Mailing Address 2205 Abbeywood Rd</p> <p>City Lexington State KY Zip Code 40515-1157</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Al Torstrick Insurance Agency, Inc. Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 25 / 2010</p> <p>Transaction ID: 10552-P39065</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
<p>B. Full Name (Last, First, Middle Initial) Russ Blakely</p> <p>Mailing Address PO Box 11310</p> <p>City Chattanooga State TN Zip Code 37401-2310</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Russ Blakely & Associates Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 25 / 2010</p> <p>Transaction ID: 10552-P38546</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
<p>C. Full Name (Last, First, Middle Initial) Chad V. Blankenburg</p> <p>Mailing Address 5950 Fairview Rd Ste 618</p> <p>City Charlotte State NC Zip Code 28210-3113</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Cason Group, Inc. Occupation agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 24 / 2010</p> <p>Transaction ID: 10599-P39129</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 173
(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 M. Block

Mailing Address 80 Challedon Dr

City State Zip Code
Candler NC 28715-9417

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

Name of Employer Insurance Specialties, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39272
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Michele B. Bloom

Mailing Address 2213A Walnut St

City State Zip Code
Harrisburg PA 17103-2427

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

Name of Employer Emerson, Reid & Co Occupation Plan Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39412
Amount of Each Receipt this Period 30.42
Payroll Deduction (\$30.42 Monthly)

C. Full Name (Last, First, Middle Initial)
Daniel J. Boaz

Mailing Address 5565 Roberts Dr

City State Zip Code
Atlanta GA 30338-3350

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

Name of Employer HealthLife Group, LLC Occupation President

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

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39022
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 173

(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)
Mary L. Boggs

Mailing Address PO Box 293865

City State Zip Code
Lewisville TX 75029-3865

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

Name of Employer Benefits Plus Services Occupation 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 0 / 1 8 / 2 0 1 0

Transaction ID: 10507

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Diane Borrison

Mailing Address 5448 Thornwood Dr Ste 200

City State Zip Code
San Jose CA 95123-1225

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

Name of Employer Advanced Professionals Occupation Partner

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38702

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

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

Mailing Address 6410 N Butler Rd

City State Zip Code
Cedar Falls IA 50613-9317

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

Name of Employer The Accel Group Occupation Ins Design and Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38813

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 173
(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)
Jim Bowman
Mailing Address 2701 W 15th St # 554
City Plano State TX Zip Code 75075-7523
FEC ID number of contributing federal political committee. **C**
Name of Employer Bowman & Bowman Consultants, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38552
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Adam Brackemyre
Mailing Address 2000 14th St N
City Arlington State VA Zip Code 22201-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer NAHU Occupation Staff Associate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39280
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Sydney K. Briley
Mailing Address 605 E Van Buren St
City Broken Arrow State OK Zip Code 74011-7261
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Benefit Solutions, Inc. Occupation Benefits Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38811
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 20 / 173
(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)
Eleanor M. Brockhurst
Mailing Address 5812 N 12th St Unit 4
City Phoenix State AZ Zip Code 85014-2020
FEC ID number of contributing federal political committee. **C**
Name of Employer Brockhurst & Associates, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38812
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Belinda M Brooks
Mailing Address 323 Krotzer Ave
City Luckey State OH Zip Code 43443-9758
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Driven Concepts, L.L.C. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39274
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jude Broussard
Mailing Address 31 Oakthorn Ct
City Youngsville State LA Zip Code 70592-5464
FEC ID number of contributing federal political committee. **C**
Name of Employer Breaux & Broussard, LLC Occupation Managing Member
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39025
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 21 / 173
(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)
Kasey Buckner
Mailing Address 6645 N Park Dr
City Watauga State TX Zip Code 76148-1506
FEC ID number of contributing federal political committee. **C**
Name of Employer Granite Financial Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38575
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Anthony C Buechler
Mailing Address 1203 Colonial Cir
City Papillion State NE Zip Code 68046-6109
FEC ID number of contributing federal political committee. **C**
Name of Employer Buechler Insurance Services Occupation agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38520
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ronald S. Buffum
Mailing Address 3016 Rock Rose Pl
City Round Rock State TX Zip Code 78665-3821
FEC ID number of contributing federal political committee. **C**
Name of Employer The Buffum Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39275
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Scott T. Buie

Mailing Address 2819 E 4215 S

City State Zip Code
Salt Lake City UT 84124-2900

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

Name of Employer Occupation
Buie Insurance Services 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39415

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Lynn M. Bull

Mailing Address 2517 Leslie Ln

City State Zip Code
Ceres CA 95307-2325

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

Name of Employer Occupation
Winton-Ireland Insurance Agency, Inc. Benefits Dept. Manager

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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P39026

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City State Zip Code
Anchorage AK 99503-4040

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

Name of Employer Occupation
The Wilson Agency, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39180

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 5653 Maxwellton Rd

City State Zip Code
Oakland CA 94618-2654

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

Name of Employer Occupation
Burns Employee Benefits Managing Member
Insurance Ser

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P39040

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joseph W. Buyalos

Mailing Address 9051 Major Smith Ln

City State Zip Code
Frederick MD 21704-7831

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

Name of Employer Occupation
The Insurance Exchange, Agent
Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38526

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Tim Byrne

Mailing Address 3113 W Beltline Hwy

City State Zip Code
Madison WI 53713-2830

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

Name of Employer Occupation
Mortenson, Matzelle & Mel- Agent
drum

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

Date of Receipt

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

Transaction ID: 10599-P39202

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ►

195.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 173

(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)
Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City State Zip Code
Pontiac MI 48340-1367

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

Name of Employer Occupation
Great Lakes Benefit Group CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 975.00

Date of Receipt

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

Transaction ID: 10599-P39400

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

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

Mailing Address 71 Quail Dr S

City State Zip Code
Phoenixville PA 19460-1075

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

Name of Employer Occupation
Radnor Benefits Group, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 765.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38814

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Louie L. Cason

Mailing Address 2920 Gervais St

City State Zip Code
Columbia SC 29204-3345

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

Name of Employer Occupation
The Cason Group, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38711

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

255.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 173
(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)
Lorelei G. Castellani
Mailing Address PO Box 2100
City Branchville State NJ Zip Code 07826-2100
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Guidance Systems Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 490.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39044
Amount of Each Receipt this Period 25.00
Payroll Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mike R. Castleberry
Mailing Address 506 Holly St
City Little Rock State AR Zip Code 72205-3932
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthSCOPE Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39046
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mary Beth Chapa
Mailing Address 266 Tony Ln
City Green Bay State WI Zip Code 54303-5371
FEC ID number of contributing federal political committee. **C**
Name of Employer Mortenson, Matzelle & Mel-drum, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38658
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 85.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 173
(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)
Russell B. Childers

Mailing Address 402 Rawley Rd

City State Zip Code
Americus GA 31719-2150

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

Name of Employer Russ Childers, CLU Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1475.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39401
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Keli Childs-Crisler

Mailing Address 16215 Gollihar Rd

City State Zip Code
Peyton CO 80831-9448

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

Name of Employer Health Cost Solutions Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P39000
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jonathan S. Clark

Mailing Address 545 E 4500 S Ste E250

City State Zip Code
Salt Lake City UT 84107-2955

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

Name of Employer Western Benefit Planners Insurance Se Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38604
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Nalani Clement

Mailing Address 1875 E Stallion Cir

City State Zip Code
Wasilla AK 99654-3564

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

Name of Employer Hagen Insurance Occupation Vice President

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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38676

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Frederick W. Coan

Mailing Address 103 E Prospect St

City State Zip Code
Stoughton WI 53589-1650

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

Name of Employer Vista Benefits Occupation 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P39012

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 19 Minor Ct

City State Zip Code
San Rafael CA 94903-3716

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

Name of Employer The Word and Brown Companies Occupation 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38631

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 173
(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)
L. Briggs Cochran

Mailing Address 3790 Katkay Dr

City Lexington State KY Zip Code 40509-9700

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

Name of Employer Benefit Insurance Marketing Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 08 / 2010

Transaction ID: 10613

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dorothy M. Cociu

Mailing Address PO Box 1941

City Big Bear Lake State CA Zip Code 92315-1941

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

Name of Employer Advanced Benefit Consulting & Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 25 / 2010

Transaction ID: 10552-P39013

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Maggie Coley

Mailing Address 5859 Abercorn St

City Savannah State GA Zip Code 31405-5500

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

Name of Employer Coastal Benefit Solutions, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010

Transaction ID: 10599-P39104

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **615.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 173

(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)
George Scott Condos

Mailing Address 8860 S Tenaya Way

City State Zip Code
Las Vegas NV 89113-5502

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

Name of Employer Occupation
Leavitt Insurance Agency Charter Senior Financial Plann

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

Date of Receipt

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

Transaction ID: 10599-P39277

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Carolyn C. Conner

Mailing Address 169 Yankee Paradise Rd

City State Zip Code
Hazlehurst GA 31539-5711

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

Name of Employer Occupation
Cook Insurance Agency Agent

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 10611

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 145 Polaris Dr

City State Zip Code
Walkersville MD 21793-9123

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

Name of Employer Occupation
Independent Benefit Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

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

Transaction ID: 10599-P39117

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 173
(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)
Troy J. Cook
Mailing Address 6600 Westown Pkwy # 250
City State Zip Code
West Des Moines IA 50266-7724
FEC ID number of contributing federal political committee. **C**
Name of Employer Krist Insurance Services Occupation AGENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39096
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Catherine L. Cooper
Mailing Address 17232 Brookview Dr
City State Zip Code
Livonia MI 48152-4543
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Care Administrators Occupation agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 392.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39062
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bob Copeland
Mailing Address 700 Larkspur Landing Circle, Suite
City State Zip Code
Larkspur CA 94939
FEC ID number of contributing federal political committee. **C**
Name of Employer Copeland Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1530.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38611
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 31 / 173
(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)
Mike Coppess
Mailing Address 5001 Western Ave
City Omaha State NE Zip Code 68132-1465
FEC ID number of contributing federal political committee. **C**
Name of Employer Aflac Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38848
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Steven G. Cosby
Mailing Address 27 W Boscawen St
City Winchester State VA Zip Code 22601-4740
FEC ID number of contributing federal political committee. **C**
Name of Employer Cosby Insurance Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38556
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Carrie Cox
Mailing Address 3621 Eastman Dr
City Oklahoma City State OK Zip Code 73112-1439
FEC ID number of contributing federal political committee. **C**
Name of Employer Oden Roberts Rohrman Insurance Occupation Group Benefits Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39429
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 173
(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)
Valerie Cramer

Mailing Address 2664 Hedwidge Dr

City State Zip Code
Traverse City MI 49684-8925

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

Name of Employer Occupation
Priority Health Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38527

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Neil R Crosby

Mailing Address 1561 Berkshire Ct

City State Zip Code
San Marcos CA 92069-1182

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

Name of Employer Occupation
Warner Pacific Insurance Services Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38684

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 4642 Riveredge Dr

City State Zip Code
Duluth GA 30096-2987

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

Name of Employer Occupation
HIRE Benefits, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38550

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Full Name (Last, First, Middle Initial)
Jennifer Davault

Mailing Address 1001 E Southeast Loop 323 Ste 350

City Tyler State TX Zip Code 75701-9056

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

Name of Employer FD&S Insurance Agency Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2010

Transaction ID: 10599-P39172

Amount of Each Receipt this Period 10.00

Payroll Deduction (\$10.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John A Davidson

Mailing Address 25 Rolling Oaks Dr Ste 110

City Thousand Oaks State CA Zip Code 91361-1003

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

Name of Employer Davidson Insurance & financial Service Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 25 / 2010

Transaction ID: 10552-P38614

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Beverly Davis

Mailing Address 1885 Trail Ridge Dr

City Lewisville State TX Zip Code 75077-2113

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

Name of Employer AETNA Occupation Sales Rep.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 25 / 2010

Transaction ID: 10552-P38788

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Sandra H. Davis		Date of Receipt
	Mailing Address PO Box 243		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Watson	LA	70786-0243
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Payroll Deduction (\$30.00 Monthly)
		Office Manager	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="450.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>

B.	Full Name (Last, First, Middle Initial) Johnny Lee Dawkins		Date of Receipt
	Mailing Address PO Box 53809		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fayetteville	NC	28305-3809
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ebenconcepts		Occupation	Payroll Deduction (\$85.00 Monthly)
		President	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="850.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="85.00"/>

C.	Full Name (Last, First, Middle Initial) Teresa F DeBruin		Date of Receipt
	Mailing Address 5441 Edgerton Dr		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Norcross	GA	30092-2185
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DeBruin Benefit Services, Inc./ The L		Occupation	Payroll Deduction (\$30.00 Monthly)
		Agent	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)

John E. DeGruttola

Mailing Address 848 Forest Glade Dr

City State Zip Code
Chesapeake VA 23322-8102

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

Name of Employer Occupation
Optima Health Agent

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38828

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Scott A Delisi

Mailing Address 920 Starview Ln

City State Zip Code
Lincoln NE 68512-1150

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

Name of Employer Occupation
Ameritas Life Insurance Group Agent

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

Date of Receipt

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

Transaction ID: 10599-P39258

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephanie Denz

Mailing Address 1808 Hickory Trace Dr

City State Zip Code
Orange Park FL 32003-8387

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

Name of Employer Occupation
Gallagher Benefit Services, Inc. Senior Benefit Consultant

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

Date of Receipt

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

Transaction ID: 10599-P39259

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 173
	(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) Marie G. DeWolf		Date of Receipt
	Mailing Address 2028 Blue Mesa Ct		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Loveland	CO	80538-4188
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DeWolf Insurance, Inc.		Occupation Agent	Transaction ID: 10552-P38963
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction
			(\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Rush David Dixon		Date of Receipt
	Mailing Address 1375 Piccard Dr		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rockville	MD	20850-4311
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Early Cassidy and Schilling		Occupation VP of Employee Benefits	Transaction ID: 10552-P38670
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1825.00"/>	<input type="text" value="170.00"/>
			Payroll Deduction
			(\$170.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Steve H. Dodder		Date of Receipt
	Mailing Address PO Box 2069		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Monument	CO	80132-2069
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Assurant Health		Occupation Regional Sales Director	Transaction ID: 10552-P38678
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="680.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction
			(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="285.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 173

(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)
Theresa M. Dodds

Mailing Address 4748 Winged Foot Way

City Columbus	State GA	Zip Code 31909-8009
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Dodds & Comany	Occupation 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39418

Amount of Each Receipt this Period 30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 206 Bon Mange Cir

City Lafayette	State LA	Zip Code 70506-3748
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Global Financial Resource- s, Inc.	Occupation 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39260

Amount of Each Receipt this Period 30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Joseph F. Dowd

Mailing Address 106 S Princeton Ave

City Wenonah	State NJ	Zip Code 08090-1937
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Kistler-Tiffany Benefits	Occupation 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38965

Amount of Each Receipt this Period 30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 38 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3304 Cedar Valley Rd

City Moore State OK Zip Code 73170-7929

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

Name of Employer Doyle Insurance Source Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39381
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 706 N 19th St

City Coeur D Alene State ID Zip Code 83814-5549

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

Name of Employer Schedler Mack Insurance, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39382
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 19252 SW 3rd Ct

City Pembroke Pines State FL Zip Code 33029-5416

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

Name of Employer Self-employed Occupation Business and Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38561
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Sam Drysdale	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address PO Box 8222	Transaction ID: 10552-P38995
	City State Zip Code Springfield MO 65801-8222	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Mercy Health Plans Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Keith M. Duhon	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 1 0
	Mailing Address 208 Essex St	Transaction ID: 10599-P39393
	City State Zip Code Lafayette LA 70506-6133	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation The Family Insurance Center, Inc. Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Tina Durand	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 1 0
	Mailing Address 3105 Lawnview St	Transaction ID: 10599-P39402
	City State Zip Code Corpus Christi TX 78404-2426	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Heavin & Associates Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 173

(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)
Eugene Ebersole

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City State Zip Code
Harahan LA 70123-5230

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

Name of Employer Occupation
Ebersole & Associates, In- Agent
c.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1530.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38544

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Wendy Ebner

Mailing Address 50 Mill Park Ln

City State Zip Code
Marlton NJ 08053-9711

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

Name of Employer Occupation
Savoy Associates Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38945

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City State Zip Code
Aurora OH 44202-8438

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

Name of Employer Occupation
L.M. Erlenbach, Inc. Benefits Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 730.00

Date of Receipt

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

Transaction ID: 10599-P39395

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John G. Fagen
Mailing Address PO Box 19
City State Zip Code
Demotte IN 46310-0019
FEC ID number of contributing federal political committee. **C**
Name of Employer Financial Arts Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38725
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Nicole Fairbairn
Mailing Address 2113 Dakota Dr
City State Zip Code
Noblesville IN 46062-9075
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Insurance Concepts, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39038
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dominick Fanuele
Mailing Address 118 Orton Rd
City State Zip Code
Caldwell NJ 07006-8251
FEC ID number of contributing federal political committee. **C**
Name of Employer Fanuele Financial Group LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39039
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 173
	<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) Cheryl S Farmer		Date of Receipt
	Mailing Address 56114 C. R. 23		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Bristol	IN	46507
	FEC ID number of contributing federal political committee. C		Transaction ID: 10552-P38790
Name of Employer Health Resources Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Jennifer Liane Farrell		Date of Receipt
	Mailing Address 6958 W Juniper Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Peoria	AZ	85382-3999
	FEC ID number of contributing federal political committee. C		Transaction ID: 10552-P38791
Name of Employer Black, Gould & Associates		Occupation Sr. Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Sam Fiorentino		Date of Receipt
	Mailing Address 125 Chatham Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Aurora	OH	44202-7809
	FEC ID number of contributing federal political committee. C		Transaction ID: 10552-P38973
Name of Employer Self		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 173

(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)
Robert Mark Fitzgerald

Mailing Address 2842 Landing Way

City State Zip Code
Marietta GA 30066-2362

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

Name of Employer Occupation
Robert Fitzgerald Insurance Agency, I Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38989

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

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

Mailing Address 8833 Tamarac Way

City State Zip Code
Bloomington IL 61705-5546

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

Name of Employer Occupation
Benefit Planning Associates, Inc. President

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P39007

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

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

Mailing Address 2510 N Pines Rd Ste 205

City State Zip Code
Spokane WA 99206-7636

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

Name of Employer Occupation
The Fletcher Financial Group President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38704

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 173
(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)
Wesley Foster

Mailing Address 411 Copper Cir

City Argyle State TX Zip Code 76226-7333

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

Name of Employer BenefitMall Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38787
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 7915 N Hale Ave Ste D

City Peoria State IL Zip Code 61615-2088

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

Name of Employer OSF HealthPlans Occupation Group Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39177
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Patricia Freeman

Mailing Address 15206 John West Rd

City Gonzales State LA Zip Code 70737-7131

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

Name of Employer Trish Freeman Insurance Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38523
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 173
(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)
Linda K. Friedrich

Mailing Address 3011 Crown Pointe Rd

City Lincoln State NE Zip Code 68506-5168

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

Name of Employer UNICO Financial Services, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2010

Transaction ID: 10599-P39391

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 807 8th St Ste 300

City Wichita Falls State TX Zip Code 76301-3317

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

Name of Employer Financial Partners Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 24 / 2010

Transaction ID: 10599-P39101

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bruce Frizen

Mailing Address 1706 Grayscroft Dr

City Waxhaw State NC Zip Code 28173-6678

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

Name of Employer Horizon Benefits Consultants, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 25 / 2010

Transaction ID: 10552-P39070

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 173

(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)

Joan A. Fusco

Mailing Address 595 Wood Ave

City State Zip Code
North Brunswick NJ 08902-2543

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

Name of Employer Occupation
Savoy Associates Director, Research & Education

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

Date of Receipt

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

Transaction ID: 10599-P39406

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William S. Gall

Mailing Address 26 Briarwood Ln

City State Zip Code
New Hartford NY 13413-2451

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

Name of Employer Occupation
Northwestern Mutual Financial Network Financial Representative

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 10599-P39407

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joan L. Galletta

Mailing Address 3342 Kori Rd

City State Zip Code
Jacksonville FL 32257-8883

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

Name of Employer Occupation
JP Perry Insurance, Inc. 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38577

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 173

(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)

Hollie Gandy

Mailing Address 2920 Duniven Cir

City State Zip Code
Amarillo TX 79109-1650

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

Name of Employer Senior Solutions Group
Occupation 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39436

Amount of Each Receipt this Period
30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James S. Garbina

Mailing Address 16510 Summit Dr

City State Zip Code
Omaha NE 68136-4038

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

Name of Employer Harry A. Koch Co.
Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

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

Transaction ID: 10599-P39422

Amount of Each Receipt this Period
85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joy K. Gardner

Mailing Address 10605 Sterling Ridge Way

City State Zip Code
Reno NV 89521-5199

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

Name of Employer Comstock Insurance Agencies, Inc.
Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 10599-P39423

Amount of Each Receipt this Period
40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

155.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 173
	<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	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1308 Murraywood Dr	Transaction ID: 10552-P38792
	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	Payroll Deduction (\$30.00 Monthly)
Name of Employer Self Occupation Agent	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Charles T. Gartlan	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 19 Tarworth Ter	Transaction ID: 10552-P38793
	City State Zip Code Manchester NJ 08759-6671	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)
Name of Employer Emerson, Reid & Co. Occupation Agent	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Julie Reno George	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1691 Westbrook Plaza Dr	Transaction ID: 10552-P38593
	City State Zip Code Winston Salem NC 27103-2993	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Monthly)
Name of Employer JBA Benefits, LLC Occupation Agent	Aggregate Year-to-Date 580.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 173
	<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) Charles J. Giardina		Date of Receipt
	Mailing Address 41 Seven Oaks Rd		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Marrero	LA	70072-5059
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MetLife		Occupation Agent	Transaction ID: 10599-P39385
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) James David Gibson		Date of Receipt
	Mailing Address 93 Hollenbeck Rd		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Irmo	SC	29063-8076
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Gibson & Associates, Inc.		Occupation Agent	Transaction ID: 10552-P38606
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="765.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Michael Gibson		Date of Receipt
	Mailing Address 308 Beulah Ln		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Irmo	SC	29063-9573
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Gibson & Associates		Occupation Agent	Transaction ID: 10552-P38975
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="850.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 173

(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)

Richard R Girdler

Mailing Address 400 Sims Ln

City State Zip Code
Franklin TN 37069-1890

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

Name of Employer Occupation
Cowan Benefit Services Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 685.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P39008

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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 Adv-
isors Group Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38796

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City State Zip Code
Lincoln NE 68506-7519

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

Name of Employer Occupation
The Harry A. Koch Company Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

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

Transaction ID: 10599-P39399

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 173
(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)
J. J. R Green
Mailing Address 2121 N Webb Rd
City Grand Island State NE Zip Code 68803-1751
FEC ID number of contributing federal political committee. **C**
Name of Employer Primark, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38701
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James W Greth
Mailing Address 721 S Parker St Ste 300
City Orange State CA Zip Code 92868-4732
FEC ID number of contributing federal political committee. **C**
Name of Employer Word & Brown Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 11 / 01 / 2010
Transaction ID: 10586
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Patricia A Griffey
Mailing Address 56294 Primrose Cir
City Elkhart State IN Zip Code 46516-1509
FEC ID number of contributing federal political committee. **C**
Name of Employer Page 1 Benefits, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 765.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38795
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 173
(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)
J.B. Gross

Mailing Address 331 Clear Lake Ln

City State Zip Code
Weatherford TX 76087-9173

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

Name of Employer Occupation
J. B. Gross Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38949

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lorelei A. Gross

Mailing Address 331 Clear Lake Ln

City State Zip Code
Weatherford TX 76087-9173

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

Name of Employer Occupation
J. B. Gross Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38950

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 7412 Karl Dr

City State Zip Code
Lincoln NE 68516-4368

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

Name of Employer Occupation
Senior Benefit Strategies 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39368

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **220.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Craig Gussin

Mailing Address 843 Summersong Ct

City State Zip Code
Encinitas CA 92024-5447

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

Name of Employer Occupation
Auerbach & Gussin Insurance and Finan Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38699

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Antonio Gutierrez

Mailing Address 12833 Riverdance Dr

City State Zip Code
Raleigh NC 27613-7093

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

Name of Employer Occupation
Integrated Benefit Solutions, Inc. Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38982

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Teresa Gutierrez

Mailing Address 12833 Riverdance Dr

City State Zip Code
Raleigh NC 27613-7093

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

Name of Employer Occupation
IBS/White Bear Group Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38984

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 173
(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)
Alastair T. Haddow
Mailing Address 7454 Cove Ter

City State Zip Code
Sarasota FL 34231-5422

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

Name of Employer Occupation
Florida Insurance Brokers, Inc. 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38695
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dwight A. Hall
Mailing Address 6107 Hazelwood Ave

City State Zip Code
Indianapolis IN 46228-1316

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

Name of Employer Occupation
Midwest Insurance Market-ers of America Regional Sales Director

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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38799
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mark Haraway
Mailing Address 11325 Country Club Rd

City State Zip Code
New Market MD 21774-6701

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

Name of Employer Occupation
DentaQuest 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38808
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Myrna S. Harris
 Mailing Address 3 Lawson Ln
 City Asheville State NC Zip Code 28806-9687
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38952
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crescent Preferred Provider Organizat Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 300.00

B. Full Name (Last, First, Middle Initial)
Christopher S. Harrison
 Mailing Address 415 Thorncliff Dr
 City Fayetteville State NC Zip Code 28303-5221
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38800
 Amount of Each Receipt this Period 410.00
 Payroll Deduction (\$410.00 Monthly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ebenconcepts Company Occupation President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 4100.00

C. Full Name (Last, First, Middle Initial)
Larry S. Harrison
 Mailing Address 724 S 9th St
 City Las Vegas State NV Zip Code 89101-7015
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38608
 Amount of Each Receipt this Period 30.42
 Payroll Deduction (\$30.42 Monthly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harrison Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 304.20

SUBTOTAL of Receipts This Page (optional) ► 470.42
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel R Hart

Mailing Address 2137 E 32nd St

City State Zip Code
Tulsa OK 74105-2213

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

Name of Employer Occupation
Guardian Life 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38846

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

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

Mailing Address 3822 Gemini Cir

City State Zip Code
Boise ID 83709-4834

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

Name of Employer Occupation
Insurance Network America Inc 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38801

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Matthew F. Hatfield

Mailing Address 2207 Springfield Ave

City State Zip Code
Fort Wayne IN 46805-1541

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

Name of Employer Occupation
Self Sales Representative

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38953

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 173

(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)
Timothy Hayden

Mailing Address 6 N Park Dr Ste 310

City State Zip Code
Hunt Valley MD 21030-1821

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

Name of Employer Occupation
Group Benefit Services, Inc. Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38554

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

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

Mailing Address PO Box 14725

City State Zip Code
Portland OR 97293-0725

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

Name of Employer Occupation
Healthwise Insurance Plan- ning 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38639

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Hedy S Hebert

Mailing Address 4816 Woodberry Ln

City State Zip Code
Benton LA 71006-9361

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

Name of Employer Occupation
Benefit Consulting Servic- es Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38992

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 173
(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)
Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 10599-P39183

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Thomas L. Henry

Mailing Address 19310 Sonoma Hwy Ste A

City State Zip Code
Sonoma CA 95476-5454

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

Name of Employer RealCare Insurance Market-ing, Inc. Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: 10552-P38572

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
William Hepscher

Mailing Address 5406 Gall Blvd

City State Zip Code
Zephyrhills FL 33542-3957

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

Name of Employer The Canadian Drugstore Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: 10552-P39074

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **215.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 173
	(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) Jon Hicks	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 3620 Mountainside Dr	Transaction ID: 10552-P38805
	City State Zip Code Colorado Springs CO 80918-5528	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Hicks Benefit Group Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Timothy K Hicks	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 2314 Garrison Place Rd	Transaction ID: 10552-P38806
	City State Zip Code Midlothian VA 23112-4045	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Premier Access Dental Sr. Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Joshua Hilgers	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1747 Reese St	Transaction ID: 10552-P39075
	City State Zip Code Homewood AL 35209-2517	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Innovative Benefits Consulting Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard L Hill
Mailing Address 4435 O St
City Lincoln State NE Zip Code 68510-1842
FEC ID number of contributing federal political committee. **C**
Name of Employer UNICO Financial Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 890.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39137
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John H. Hinck
Mailing Address 3160 Ridge Dr
City Toano State VA Zip Code 23168-9615
FEC ID number of contributing federal political committee. **C**
Name of Employer Centaurus Financial, Inc. Occupation Registered Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38956
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
James H Hissong
Mailing Address 8401 Widmer Rd
City Lenexa State KS Zip Code 66215-5416
FEC ID number of contributing federal political committee. **C**
Name of Employer Jim Hissong Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39257
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 173
(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)
Angela Hogan

Mailing Address 1233 Lincoln Mall Ste 100

City Lincoln State NE Zip Code 68508-2876

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

Name of Employer BlueCross BlueShield of Nebraska Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39155
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Matthew B. Holcomb

Mailing Address 712 Hill St SE

City Atlanta State GA Zip Code 30315-1312

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

Name of Employer Holcomb Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38998
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Robert V. Holland

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531-0698

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

Name of Employer Centralia General Agencies Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39148
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 173
(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)
Jay Holloway
Mailing Address 3060 Alpine Rd
City Columbia State SC Zip Code 29223-2704
FEC ID number of contributing federal political committee. **C**
Name of Employer BlueChoice HealthPlan Occupation Marketing Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38661
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James A. Holt
Mailing Address 106 Cypress Point Way
City Moraga State CA Zip Code 94556-1131
FEC ID number of contributing federal political committee. **C**
Name of Employer Holt Financial Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 01 / 2010
Transaction ID: 10588
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Al Hombroek
Mailing Address 30 Lumpkin St Ste D
City Lawrenceville State GA Zip Code 30045-8410
FEC ID number of contributing federal political committee. **C**
Name of Employer Multiple Benefits Corporation Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38595
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 580.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 173
(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)
Gloria Denise Hopper

Mailing Address 613 Sunnybrook Dr

City State Zip Code
Monroe NC 28110-2770

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

Name of Employer: First Citizens Insurance Services
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39371
 Amount of Each Receipt this Period: 40.00
 Payroll Deduction: (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Barbara Hostettler

Mailing Address 2094 Weeping Willow Ln

City State Zip Code
Mount Joy PA 17552-8849

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

Name of Employer: Hostettler Insurance
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38663
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City State Zip Code
Detroit MI 48202-2643

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

Name of Employer: Health Alliance Plan
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38534
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 173

(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)
Connie R. Humbert

Mailing Address 7613 Melody Dr

City State Zip Code
Rohnert Park CA 94928-5435

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

Name of Employer Seniors First Occupation 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38618

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
David L Hunt

Mailing Address 110 Mallard Ln

City State Zip Code
Madison MS 39110-8799

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

Name of Employer Hunt Insurance Agency Occupation 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39373

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

C.

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

Mailing Address 2401 E Mercer Ln

City State Zip Code
Phoenix AZ 85028-2527

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

Name of Employer Vista Benefit Strategies Occupation Employee Benefit Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38700

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 173
(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)
Steven Israel
 Mailing Address 4790 Blossom Dr
 City State Zip Code
 Delray Beach FL 33445-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S. Florida Affiliated Health Insurers Occupation Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38545
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jerry D. Jackson
 Mailing Address 1017 N Maplewood Ave
 City State Zip Code
 Peoria IL 61606-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Financial Services Occupation General Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38959
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Leah-Anne Janway
 Mailing Address 2225 SW 96th St
 City State Zip Code
 Oklahoma City OK 73159-6861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berryhill Insurance Agency, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39387
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 173
	<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) Deborah Jeffs		Date of Receipt
	Mailing Address 32 Foxboro		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Irvine	CA	92614-7523
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Progressive Benefit Managers		Occupation Agent	Transaction ID: 10552-P38817
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>
		Payroll Deduction	
			(\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Julia A. Jennings		Date of Receipt
	Mailing Address 2 Lady Slipper Ln		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Marion	MA	02738-1294
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sylvia & Co. Ins. Agency, Inc.		Occupation Vice President, Employee Benef	Transaction ID: 10552-P38818
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="915.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="85.00"/>
		Payroll Deduction	
			(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) R. Allan Jensen		Date of Receipt
	Mailing Address 6060 S Kenton Way		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Englewood	CO	80111-5728
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation Agent	Transaction ID: 10599-P39278
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>
		Payroll Deduction	
			(\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

A.

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

Mailing Address 1482 Baron Ct

City State Zip Code
Stone Mountain GA 30087-3037

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

Name of Employer Occupation
David S. Johnson Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38960

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B.

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

Mailing Address 15707 Deer Crst

City State Zip Code
San Antonio TX 78248-1327

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38978

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

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

Mailing Address 6235 Morrison Blvd Ste 302

City State Zip Code
Charlotte NC 28211-3508

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

Name of Employer Occupation
Strategic Employee Benefit Services 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39181

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Brent G. Jones		Date of Receipt
	Mailing Address 932 Sonoma Way		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sacramento	CA	95819-3422
	FEC ID number of contributing federal political committee. C		Transaction ID: 10552-P38581
Name of Employer Integrity Administrators, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Cynthia M. Jones		Date of Receipt
	Mailing Address 24223 English Rose Pl		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Valencia	CA	91354-4921
	FEC ID number of contributing federal political committee. C		Transaction ID: 10552-P38697
Name of Employer Warner Pacific Insurance Services		Occupation Vice President of Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Roger B. Jorgensen		Date of Receipt
	Mailing Address 8220 Commonwealth Dr Ste 204		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Eden Prairie	MN	55344-5387
	FEC ID number of contributing federal political committee. C		Transaction ID: 10552-P38798
Name of Employer Alliance Benefit Group		Occupation Vice President, Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="850.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles Jurkus
Mailing Address 823 Commerce Dr Ste 350
City State Zip Code
Oak Brook IL 60523-8855
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Employee Benefit Risk Mgmt. Services Sales Executive
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0
Transaction ID: 10552-P38591
Amount of Each Receipt this Period
30.00
Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lawrence Kaczmarek
Mailing Address 6711 Berry Rd
City State Zip Code
Ravenna OH 44266-9161
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Kaczmarek Ins. Services Agency, Inc. Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 310.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0
Transaction ID: 10599-P39383
Amount of Each Receipt this Period
31.00
Payroll Deduction
(\$31.00 Monthly)

C. Full Name (Last, First, Middle Initial)
T. Darlene Kaczmarek
Mailing Address 6711 Berry Rd
City State Zip Code
Ravenna OH 44266-9161
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Kaczmarek Ins. Services Agency, Inc. Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 310.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0
Transaction ID: 10599-P39384
Amount of Each Receipt this Period
31.00
Payroll Deduction
(\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 92.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 70 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Kristine Kassel</p> <p>Mailing Address 1937 E Greentree Dr</p> <p>City State Zip Code Tempe AZ 85284-3481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Benefits By Design, Inc. Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38774</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Jonathan E. Katz</p> <p>Mailing Address 1404 Northpoint Glen Ct</p> <p>City State Zip Code Herndon VA 20170-2707</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Virginia Medical Plans Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38539</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Michele D. Katz</p> <p>Mailing Address 4905 Louise St</p> <p>City State Zip Code Skokie IL 60077-3039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: L & M Insurance Services, Inc. Occupation: agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38961</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 173
	<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) George R Keeling		Date of Receipt
	Mailing Address 1875 N Highway 385		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Levelland	TX	79336-9493
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer George R. Keeling Insurance Agency		Occupation Agent	Transaction ID: 10599-P39377
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="850.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="85.00"/>
		Payroll Deduction	(\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Dianne M. Kelley		Date of Receipt
	Mailing Address 7320 N La Cholla Blvd		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tucson	AZ	85741-2309
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sandbrook Business Benefits Group		Occupation Agent	Transaction ID: 10599-P39438
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>
		Payroll Deduction	(\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Jean Marie Kelly		Date of Receipt
	Mailing Address 5435 70th Way N		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Saint Petersburg	FL	33709-1305
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BB&T Iler Wall & Shorner Insurance Se		Occupation Benefit Account Manager	Transaction ID: 10552-P38776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="270.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>
		Payroll Deduction	(\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 72 / 173
(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)
Tamara P Kennedy
 Mailing Address 9414 E Sera Brisa
 City State Zip Code
 Scottsdale AZ 85255-6054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rogers Benefit Group, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38603
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dierdre Kennedy-Simington
 Mailing Address 1748 Meadowbrook Rd
 City State Zip Code
 Altadena CA 91001-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polenzani Benefits & Insurance Servc Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38931
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
William S. Killgore
 Mailing Address 604 25 Rd
 City State Zip Code
 Grand Junction CO 81505-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Financial Services, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38582
 Amount of Each Receipt this Period 25.00
 Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 140.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 73 / 173
(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)
Carolyn J. King

Mailing Address 6 Country Ln

City State Zip Code
Sussex NJ 07461-4630

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

Name of Employer Occupation
New England Financial Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38947

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 6601 Glacier Ct

City State Zip Code
Yakima WA 98908-2382

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

Name of Employer Occupation
Conover Insurance, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 890.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38777

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kelly Kistler

Mailing Address 6565 26th St N

City State Zip Code
Saint Petersburg FL 33702-5631

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

Name of Employer Occupation
First Service Administrators, Inc. Employee Benefits Sales & Mark

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P39002

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 173 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Lonnie Klene</p> <p>Mailing Address 926 W 22nd St</p> <p>City State Zip Code Houston TX 77008-1802</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Core Benefits Occupation Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38932</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Linda Rose Koehler</p> <p>Mailing Address 516 Shelley St</p> <p>City State Zip Code Livermore CA 94550-2368</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Herzog Insurance Agency Occupation Health Insurance Specialist</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 975.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0</p> <p>Transaction ID: 10599-P39360</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Mark Kolterman</p> <p>Mailing Address PO Box 426</p> <p>City State Zip Code Seward NE 68434-0426</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kolterman Agency, Inc. Occupation Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 280.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38574</p> <p>Amount of Each Receipt this Period 35.00</p> <p>Payroll Deduction (\$35.00 Monthly)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>150.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: PAGE 75 / 173
(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)
Susanne Kolterman
Mailing Address PO Box 426
City Seward State NE Zip Code 68434-0426
FEC ID number of contributing federal political committee. **C**
Name of Employer Kolterman Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39439
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ross W. Kraft
Mailing Address 21 Jordan Rd
City New Hartford State NY Zip Code 13413-2311
FEC ID number of contributing federal political committee. **C**
Name of Employer Meridian Group of New York, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.20
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38779
Amount of Each Receipt this Period 30.42
Payroll Deduction (\$30.42 Monthly)

C. Full Name (Last, First, Middle Initial)
Mary B. Kramer
Mailing Address 2120 Nelsons Creek Dr
City Omaha State NE Zip Code 68116-5135
FEC ID number of contributing federal political committee. **C**
Name of Employer Holmes Murphy and Associates, Inc. Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39246
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.42
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Linda E. Krueger
Mailing Address 5753 Housman Ave
City Pueblo State CO Zip Code 81004-9708
FEC ID number of contributing federal political committee. **C**
Name of Employer Beta Health Association, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39347
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Daniel C LaBroad
Mailing Address 710 Farmers Market Way
City Dallas State TX Zip Code 75201-8451
FEC ID number of contributing federal political committee. **C**
Name of Employer Ovation Health & Life Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38923
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Robert A. Lackey
Mailing Address 3540 Breeze Knoll Dr
City Youngstown State OH Zip Code 44505-1918
FEC ID number of contributing federal political committee. **C**
Name of Employer First Place Insurance Agency Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38924
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 77 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8104 Bautista Way

City State Zip Code
Palm Beach Gardens FL 33418-8178

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

Name of Employer Occupation
Plastridge Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38940

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mary Landen

Mailing Address 517 White Ash Ct

City State Zip Code
Windsor CA 95492-8199

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

Name of Employer Occupation
self Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39362

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 425 2nd St SE Ste 1150

City State Zip Code
Cedar Rapids IA 52401-1818

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

Name of Employer Occupation
Benefit Solutions, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38567

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 285.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Andrew M. LaRocco
Mailing Address 16 Dartmouth Ave
City Avondale Estates State GA Zip Code 30002-1410
FEC ID number of contributing federal political committee. **C**
Name of Employer The LaRocco Companies Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38968
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James A. Lawless
Mailing Address 435 Kingswood
City Lexington State KY Zip Code 40502-1000
FEC ID number of contributing federal political committee. **C**
Name of Employer Lawless Insurance Agency Occupation Owner/Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38780
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Amy L. Layman
Mailing Address 2232 Page Rd
City Durham State NC Zip Code 27703-8921
FEC ID number of contributing federal political committee. **C**
Name of Employer Fort Dearborn Life Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39158
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 173
(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)
William H. Lee

Mailing Address 1 Galleria Blvd Fl 10 Ste 1000

City State Zip Code
Metairie LA 70001-2082

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

Name of Employer Humana Occupation Direct Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: 10552-P38821

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

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

Mailing Address 8 Shakespeare Rd

City State Zip Code
Hackettstown NJ 07840-4707

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

Name of Employer Leonard Financial Group, LLC Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: 10552-P39052

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Marilyn Anne Leonard

Mailing Address 3676 Woodley Dr

City State Zip Code
San Jose CA 95148-2829

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

Name of Employer BeaconRidge Health Insurance Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: 10577

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **215.00**

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

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

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

FOR LINE NUMBER: PAGE 80 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Carolyn S. Lewis

Mailing Address 9365 Honeywood Ct

City State Zip Code
Orangevale CA 95662-5609

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

Name of Employer Occupation
Westcorp Financial Services, Inc. Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 10576

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Brian W. Liechty

Mailing Address 120 E Washington St

City State Zip Code
Plymouth IN 46563-1744

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

Name of Employer Occupation
KL Benefits Benefits Spec

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38692

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

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

Mailing Address 2927 Berwick Ln

City State Zip Code
Gastonia NC 28054-6055

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

Name of Employer Occupation
Benefit Partners, Inc. President

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

Date of Receipt

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

Transaction ID: 10599-P39247

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 173

(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)
Larry Link

Mailing Address 6901 Ravine Cir

City State Zip Code
Worthington OH 43085-2886

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

Name of Employer Occupation
InsuranceLink Agency, Inc. 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38825

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Juan R. Lopez

Mailing Address 27 Banstead

City State Zip Code
Trabuco Canyon CA 92679-3740

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 ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38927

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Scott Lopez

Mailing Address 717 Lucerne Dr

City State Zip Code
New Iberia LA 70563-8979

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

Name of Employer Occupation
Insurance Resource Group Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P39079

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 173
(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)
Sallie Loughlin
Mailing Address 312 E Main St
City Salisbury State MD Zip Code 21801
FEC ID number of contributing federal political committee. **C**
Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39179
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Douglas Lubenow
Mailing Address 3 Fulton Dr
City Mount Laurel State NJ Zip Code 08054-4510
FEC ID number of contributing federal political committee. **C**
Name of Employer Lubenow Agency Occupation Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 450.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39185
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Christy L. Lyons
Mailing Address 407 Rossmere Dr
City Midlothian State VA Zip Code 23114-3091
FEC ID number of contributing federal political committee. **C**
Name of Employer Lyons & Associates Occupation Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 365.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10549
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 173

(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)

<p>A. Full Name (Last, First, Middle Initial) Maurice Lyons</p> <p>Mailing Address 301 Madison Ave Fl 4</p> <p>City State Zip Code New York NY 10017-8103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Medical Link, Inc. Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2340.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38694</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Payroll Deduction (\$250.00 Monthly)</p>
<p>B. Full Name (Last, First, Middle Initial) Richard S. Manin</p> <p>Mailing Address 33 Manchester St</p> <p>City State Zip Code Galloway NJ 08205-3678</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Richard S. Manin Insurance Occupation Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38827</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
<p>C. Full Name (Last, First, Middle Initial) Deborah S. Martin</p> <p>Mailing Address 16236 County Road 4197</p> <p>City State Zip Code Lindale TX 75771-6343</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Feliciano Financial Group Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 10552-P38783</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>

SUBTOTAL of Receipts This Page (optional) ▶

310.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

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

Mailing Address 6 Rasada Dr

City Weaverville State NC Zip Code 28787-9306

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

Name of Employer Ebenconcepts Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 24 / 2010

Transaction ID: 10599-P39248

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Marie Rosa Martinelli

Mailing Address 111 Winnett Pl

City Santa Monica State CA Zip Code 90402-2009

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

Name of Employer Student Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2010

Transaction ID: 10575

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Phyllis Martinsen

Mailing Address 8331 W Cory Ct

City Boise State ID Zip Code 83704-5725

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

Name of Employer Byron Hyatt Erstad & Co Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010

Transaction ID: 10552-P38909

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 320.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 173
(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)
Matthew L. Masone

Mailing Address 367 Sheffield Rd

City State Zip Code
Severna Park MD 21146-1647

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

Name of Employer Occupation
Lincoln Financial Group Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 910.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38914

Amount of Each Receipt this Period
45.00

Payroll Deduction
(\$45.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Donald L. Mathern

Mailing Address 7650 Cherrywood Dr

City State Zip Code
Boise ID 83704-3541

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

Name of Employer Occupation
Insurance Specialists Agent

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38551

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 3207 Cottingham Ct

City State Zip Code
Greensboro NC 27410-8362

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

Name of Employer Occupation
North Carolina AHU Executive Director

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39356

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 / 173
	(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) Michael E. Matznick		Date of Receipt
	Mailing Address 3207 Cottingham Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Greensboro	NC	27410-8362
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer EbenConcepts Company		Occupation Agent	Transaction ID: 10552-P38928
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 850.00	<input type="text"/> 85.00
			Payroll Deduction
			(\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Judy L. Maxwell		Date of Receipt
	Mailing Address 1378 Hilltop Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Redding	CA	96003-3805
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Maxwell Insurance		Occupation Financial Advisor	Transaction ID: 10618
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Barbara A. McClaskey		Date of Receipt
	Mailing Address 10804 Granite Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Redding	CA	96001-
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Barbara A. McClaskey Insurance		Occupation Agent	Transaction ID: 10597
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 460.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 685.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 87 / 173
(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)
Barbara A. McClaskey
Mailing Address 10804 Granite Drive
City Redding State CA Zip Code 96001
FEC ID number of contributing federal political committee. **C**
Name of Employer: Barbara A. McClaskey Insurance
Occupation: Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38974
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John R. McConnaughey
Mailing Address 6312 Anthony Dr
City Liberty Twp State OH Zip Code 45011-1303
FEC ID number of contributing federal political committee. **C**
Name of Employer: JRM & Associates Agency, Inc
Occupation: Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38946
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
H. Luke McDermott
Mailing Address 1044 Park Palisade Dr
City South Jordan State UT Zip Code 84095-2229
FEC ID number of contributing federal political committee. **C**
Name of Employer: McDermott Company & Associates
Occupation: Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38784
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 88 / 173
(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)
Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City Lincoln State NE Zip Code 68507-1234

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

Name of Employer Les McGerr & Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38673
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 9905 S Maplewood Ave

City Tulsa State OK Zip Code 74137-5534

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 20 / 2010
Transaction ID: 10532
Amount of Each Receipt this Period 30.00

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

Mailing Address 9905 S Maplewood Ave

City Tulsa State OK Zip Code 74137-5534

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39332
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 89 / 173
(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)
Ward McKalson

Mailing Address 22365 Ferdinand Ct

City State Zip Code
Salinas CA 93908-1106

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

Name of Employer Occupation
Leavitt Central Coast Insurance Servi Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 765.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38919

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Victor C. McKnight

Mailing Address 502 Tunney PI

City State Zip Code
Santa Rosa CA 95403-7764

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

Name of Employer Occupation
Sitzmann Morris & Lavis, Inc. 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38920

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City State Zip Code
Spokane WA 99202-1525

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

Name of Employer Occupation
Western States Jones & Mitchell Benefits Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38558

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Eloise Meardith

Mailing Address 2347 Sumac Dr

City Augusta State GA Zip Code 30906-5503

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

Name of Employer Health Insurance Services (H.I.S.) by Occupation agent

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

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38935
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
David W. Meister

Mailing Address 5203 N. Alhu Ct

City Peoria State IL Zip Code 61615

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

Name of Employer Managed Benefits Agency, Inc. Occupation Agent

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

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38970
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mary Mengason

Mailing Address 26910 Shetland Ct

City Salisbury State MD Zip Code 21801-2331

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

Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Agent

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

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38749
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Glendae Mitchell</p> <p>Mailing Address 736 Old Greenville Rd</p> <p>City State Zip Code Fayetteville GA 30215-5935</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Benevestco, Inc. Occupation Account Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0</p> <p>Transaction ID: 10599-P39208</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Payroll Deduction (\$25.00 Monthly)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Dennis F. Mobley</p> <p>Mailing Address 459 Pimlico Pl</p> <p>City State Zip Code Jackson MS 39211-4030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mobley Insurance Agency, LLC Occupation Office Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0</p> <p>Transaction ID: 10599-P39250</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Sandra V Mobley</p> <p>Mailing Address 5454 I 55 N Ste B</p> <p>City State Zip Code Jackson MS 39211-4027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Sandra Mobley Agency LLC Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0</p> <p>Transaction ID: 10599-P39106</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 173

(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)
Damian Mochan

Mailing Address 1032 Kathryn St

City State Zip Code
Boalsburg PA 16827-1645

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

Name of Employer Logical Planning Solutions
Occupation Agent

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38786

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Andrew D. Mollen

Mailing Address 915 Poinsettia Pl Apt E

City State Zip Code
Ventura CA 93001-5006

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

Name of Employer Fickewirth and Assoc
Occupation Acct Mgr

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 10617

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Stephanie Monette

Mailing Address 1510 Meadow Wood Ln

City State Zip Code
Reno NV 89502-8503

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

Name of Employer Saint Mary's Health Plans
Occupation 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39178

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 173
(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)
Gary Monteith
Mailing Address 736 Johnson Ferry Rd
City Marietta State GA Zip Code 30068-4379
FEC ID number of contributing federal political committee. **C**
Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker Sales Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38698
Amount of Each Receipt this Period 10.00
Payroll Deduction (\$10.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David R. Moore
Mailing Address 605 Truitt Dr
City Elon State NC Zip Code 27244-9262
FEC ID number of contributing federal political committee. **C**
Name of Employer David R. Moore, CLU & Associates Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39357
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Douglas F. Moore
Mailing Address 2651 Black Oak Ct
City Wexford State PA Zip Code 15090-7566
FEC ID number of contributing federal political committee. **C**
Name of Employer Seubert & Associates, Inc. Occupation Principal & Director, Benefits
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38929
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 125.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 173

(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)

Wesley P. Moore

Mailing Address PO Box 604

City State Zip Code
Darlington SC 29540-0604

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

Name of Employer Occupation
W P Moore Agency Owner

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

Date of Receipt

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

Transaction ID: 10599-P39173

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary Elizabeth Lisa Moriconi

Mailing Address 200 River Market Avenue, Suite 350

City State Zip Code
Little Rock AR 72201-

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

Name of Employer Occupation
Legacy Capital Group Principal

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

Date of Receipt

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

Transaction ID: 10512

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Alfred A. Mulliken

Mailing Address 8838 Camelot Dr

City State Zip Code
Chesterland OH 44026-3108

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

Name of Employer Occupation
The Mulliken Agency Agent

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38605

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 173
(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)
Glen W. Mulready
Mailing Address 2708 W 66th Pl

City State Zip Code
Tulsa OK 74132-1301

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

Name of Employer Benefit Plan Strategies Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38596
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ray M. Musser
Mailing Address 404 N 2nd Ave Ste B

City State Zip Code
Upland CA 91786-4793

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38722
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Joshua D. Nace
Mailing Address 936 N 34th St Ste 208

City State Zip Code
Seattle WA 98103-8869

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

Name of Employer Dental Health Services, Inc. Occupation Vice President Sales & Service

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

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39216
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 173

(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)
Katrina A. Nash

Mailing Address 6812 Rivergate Ln

City State Zip Code
Oklahoma City OK 73132-3905

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

Name of Employer Occupation
Gallagher Benefit Services, Inc 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39367

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
John J. Nelson

Mailing Address 32110 Agoura Rd

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3333.60

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38667

Amount of Each Receipt this Period
416.70

Payroll Deduction
(\$416.70 Monthly)

C.

Full Name (Last, First, Middle Initial)
B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City State Zip Code
Baton Rouge LA 70806-5131

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

Name of Employer Occupation
The Nolan Group President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

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

Transaction ID: 10653

Amount of Each Receipt this Period
-30.00

SUBTOTAL of Receipts This Page (optional) ▶

416.70

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

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

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

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

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

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

Mailing Address PO Box 2052

City Franklin State NC Zip Code 28744-2052

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39255
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 1014 4th St W

City Kirkland State WA Zip Code 98033-5337

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

Name of Employer Spectera Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39256
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Terri M. Olson

Mailing Address PO Box 21479

City Keizer State OR Zip Code 97307-1479

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

Name of Employer Olson Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39142
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 173
(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)
Mike Osborne
Mailing Address 1308 Woodmanor Dr
City Raleigh State NC Zip Code 27614-9055
FEC ID number of contributing federal political committee. **C**
Name of Employer Osborne Insurance Service- s, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38750
Amount of Each Receipt this Period 25.00
Payroll Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert Timothy Owen
Mailing Address PO Box 600555
City Jacksonville State FL Zip Code 32260-0555
FEC ID number of contributing federal political committee. **C**
Name of Employer Owen & Associates Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38683
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John C. Parker
Mailing Address 47 Laurel Hill Dr
City Niantic State CT Zip Code 06357-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer Parker Agency Occupation Principal
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39335
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 173
	<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) Jesse A. Patton		Date of Receipt
	Mailing Address 701 Grand Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	West Des Moines	IA	50265-3625
	FEC ID number of contributing federal political committee.		Transaction ID: 10552-P38752
		Amount of Each Receipt this Period	<input type="text"/> 350.00
Name of Employer Associations Marketing Group, Inc.		Occupation CEO/President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 3625.00	(\$350.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Lee Patton		Date of Receipt
	Mailing Address 3105 True Pkwy, Apt 608		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 4 / 2 0 1 0
	City	State	Zip Code
	West Des Moines	IA	50265
	FEC ID number of contributing federal political committee.		Transaction ID: 10599-P39233
		Amount of Each Receipt this Period	<input type="text"/> 30.00
Name of Employer Associations Marketing Group, Inc.		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	(\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Jennifer L. Pender		Date of Receipt
	Mailing Address 1635 Mount McKinley Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Grayson	GA	30017-2980
	FEC ID number of contributing federal political committee.		Transaction ID: 10599-P39321
		Amount of Each Receipt this Period	<input type="text"/> 30.00
Name of Employer Pender & Associates		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 410.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 173
(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)
Ross W. Pendergraft

Mailing Address 16622 Calahan St

City State Zip Code
North Hills CA 91343-3602

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

Name of Employer Arroyo Insurance Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38896

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

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

Mailing Address 218 North St

City State Zip Code
Portsmouth VA 23704-2602

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

Name of Employer ChamberSolutions Occupation Executive Vice President

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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38754

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Patrick Pennefather

Mailing Address 959 Fisher Rd

City State Zip Code
Grosse Pointe MI 48230-1204

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

Name of Employer Kapnick Insurance Group Occupation General Agent Michigan

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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38897

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 173
(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)
Carol C. Pennington
Mailing Address 4640 Woodbridge Dr
City Kenersville State NC Zip Code 27284-8850
FEC ID number of contributing federal political committee. **C**
Name of Employer Pennington Associates Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38688
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
William H Pennington
Mailing Address 4640 Woodbridge Dr
City Kenersville State NC Zip Code 27284-8850
FEC ID number of contributing federal political committee. **C**
Name of Employer Pennington Associates Inc. Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38709
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David R. Perry
Mailing Address 2003 Charvais Dr
City Lake Charles State LA Zip Code 70601-5605
FEC ID number of contributing federal political committee. **C**
Name of Employer The Perry Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38912
Amount of Each Receipt this Period 60.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 173

(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)

Jackie Audrey Peterson

Mailing Address 816 Calle Myriam

City State Zip Code
Sparks NV 89436-0663

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

Name of Employer self Occupation
Agent

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

Date of Receipt

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

Transaction ID: 10599-P39350

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Paige W. Phillips

Mailing Address 1235 Highway 301

City State Zip Code
Calera AL 35040-5591

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

Name of Employer Benefit Partners, LLC Occupation
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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39322

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan R. Pittman

Mailing Address 32418 51st Ave SW

City State Zip Code
Federal Way WA 98023-1936

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

Name of Employer Insure NW Inc. Occupation
Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 10599-P39161

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Angela Potts Bopp
Mailing Address 1205 Highway 2 Ste 202
City Sandpoint State ID Zip Code 83864-2740
FEC ID number of contributing federal political committee. **C**
Name of Employer Summit Insurance Resource Group Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39206
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Alex Poulter
Mailing Address 9545 Woodland Dr
City Lenexa State KS Zip Code 66220-3801
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthEdata Occupation Principal
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38660
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jason A. Powers
Mailing Address 9545 Woodland Dr
City Lenexa State KS Zip Code 66220-3801
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthEdata Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38524
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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 13 14 15 16 17

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

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

Mailing Address 1075 Moran Rd

City State Zip Code
Franklin TN 37069-6960

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

Name of Employer Occupation
BB&T Insurance Services, Inc. Agent

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39341

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Janet Prewitt

Mailing Address 4200 E Skelly Dr Ste 680

City State Zip Code
Tulsa OK 74135-3210

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

Name of Employer Occupation
The Guardian Life Insurance Co. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38540

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Terri B. Pritchard

Mailing Address 1399 Ashleybrook Ln Ste 110

City State Zip Code
Winston Salem NC 27103-2961

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

Name of Employer Occupation
IBSI Holdings, Inc. Agent

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38566

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John G. Prue
Mailing Address 12713 S Edinburgh St
City Olathe State KS Zip Code 66062-1300
FEC ID number of contributing federal political committee. **C**
Name of Employer Humana, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39237
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Colleen Pruitt
Mailing Address 5805 75th St
City Lubbock State TX Zip Code 79424-1727
FEC ID number of contributing federal political committee. **C**
Name of Employer TACT Insurance Agency Occupation Agency Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38757
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Connie Puett
Mailing Address 5160 N Eyrie Way
City Boise State ID Zip Code 83703-4287
FEC ID number of contributing federal political committee. **C**
Name of Employer PacificSource Health Plans Occupation Marketing & Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38758
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s)
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rebecca L. Purdy
Mailing Address 8121 Desert Jewel Cir
City Las Vegas State NV Zip Code 89128-7741
FEC ID number of contributing federal political committee. **C**
Name of Employer The Onyx Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39238
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Kathy M. Rainwater
Mailing Address 3809 Silverwood Dr
City Tyler State TX Zip Code 75701-9336
FEC ID number of contributing federal political committee. **C**
Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39342
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Susan Maley Rash
Mailing Address 2519 Kettlewell Ct
City Midlothian State VA Zip Code 23113-6726
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 ▼ 1475.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38759
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 107 / 173
 (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)
Jon C Rauser

Mailing Address 949 Lamplighter Ln

City State Zip Code
Grafton WI 53024-9314

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

Name of Employer Occupation
The Rauser Agency, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2465.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38760

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Kenneth L. Ray

Mailing Address 110 Beaver Bnd

City State Zip Code
Canton MS 39046-9296

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

Name of Employer Occupation
Stewart Sneed Hewes/Banco-
rpSouth Insu Director of Marketing - Life/H

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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38761

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dennis J. Recker

Mailing Address 971 N Perry St

City State Zip Code
Ottawa OH 45875-1218

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

Name of Employer Occupation
Fawcett, Lammon, Recker
& Associates Registered Representative

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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39157

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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

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

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

FOR LINE NUMBER: PAGE 108 / 173
(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)
Jordan R Redman
Mailing Address 43 Daning Lights Lane
City Athol State ID Zip Code 83801-
FEC ID number of contributing federal political committee. **C**
Name of Employer Redman Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 370.00
Date of Receipt 10 / 28 / 2010
Transaction ID: 10650
Amount of Each Receipt this Period -10.00

B. Full Name (Last, First, Middle Initial)
Joni Robin Reents
Mailing Address 12433 Bellaire Dr
City Thornton State CO Zip Code 80241-2925
FEC ID number of contributing federal political committee. **C**
Name of Employer Romer, Reents & Associates, Inc. Occupation Producer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 690.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38902
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ruppert Reinstadler
Mailing Address 5440 SW Westgate Dr Ste 320
City Portland State OR Zip Code 97221-2422
FEC ID number of contributing federal political committee. **C**
Name of Employer Coordinate Resources Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38646
Amount of Each Receipt this Period 25.00
Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 45.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 109 / 173
(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)
Patrick Reuszer
Mailing Address 312 Elm Sreet
City State Zip Code
Cincinnati OH 45202
FEC ID number of contributing federal political committee. **C**
Name of Employer Assurant Employee Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38653
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Deborah Reyes
Mailing Address 2120 Foothill Blvd Ste 107
City State Zip Code
La Verne CA 91750-2998
FEC ID number of contributing federal political committee. **C**
Name of Employer Deborah Reyes Ins. Services Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 01 / 2010
Transaction ID: 10573
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Lois Kohler Rhoades
Mailing Address 352 Ridge Top Rd
City State Zip Code
Fleetwood NC 28626-9281
FEC ID number of contributing federal political committee. **C**
Name of Employer Hicks, Kohler & Associates Occupation Partner
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39102
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 580.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 R Dane Rianhard
 Mailing Address 1 N Charles St
 City Baltimore State MD Zip Code 21201-3740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FranklinMorris Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39085
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Russell Lee Rice
 Mailing Address 8830 Buckskin Dr
 City Boerne State TX Zip Code 78006-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AVESIS, Inc. Occupation Regional VP of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38904
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Shan Ricketts
 Mailing Address 3900 Halisport Dr NW
 City Kennesaw State GA Zip Code 30152-4077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Purchasing Alliance Solutions, Inc. Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38847
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Gabriel Ricks

Mailing Address 1612 Marion St Ste 2

City Columbia State SC Zip Code 29201-2939

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

Name of Employer The Cason Group, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38543
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 45 Apple Tree Cir

City Fishers State IN Zip Code 46038-1111

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

Name of Employer Gregory & Appel Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39344
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mark Riley

Mailing Address PO Box 1635

City Irmo State SC Zip Code 29063-1635

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

Name of Employer American Benefit Services, LLC Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38521
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City State Zip Code
El Paso TX 79912-2803

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

Name of Employer Goodman Financial Group Occupation VP - Employee Benefits

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39239
Amount of Each Receipt this Period: 50.00
Payroll Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John F. Rippinger

Mailing Address 1492 Burberry Ln

City State Zip Code
Schaumburg IL 60173-2188

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

Name of Employer Rippinger Financial Group, Inc. Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39240
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

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

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 Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38535
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Sharon L. Robbins
Mailing Address PO Box 530
City Asheville State NC Zip Code 28802-0530
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Service of Asheville Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39198
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Joseph K. Roberts
Mailing Address 4000 S 36th St
City Lincoln State NE Zip Code 68506-4809
FEC ID number of contributing federal political committee. **C**
Name of Employer Midlands Financial Benefits Occupation Registered Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1810.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39326
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

C. Full Name (Last, First, Middle Initial)
William D. Robinson
Mailing Address 739 E Jackson St
City Martinsville State IN Zip Code 46151-2033
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Insurance Specialists Occupation Marketing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38712
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code
Palm Springs CA 92262-7922

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

Name of Employer: Palm Canyon Insurance Agency
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39346
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 2762 Continental Dr Ste 207

City State Zip Code
Baton Rouge LA 70808-3240

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

Name of Employer: The Spectrum Agency
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38689
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mark Rose

Mailing Address 1545 NE 76th St

City State Zip Code
Seattle WA 98115-4373

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

Name of Employer: Baldwin Resource Group
Occupation: Vice President Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38905
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Charles P. Rosen

Mailing Address 849 Somera Ct

City State Zip Code
Simi Valley CA 93065-5546

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

Name of Employer Occupation
CPR Insurance & Financial Services President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38906

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Joel Rosenblum

Mailing Address 230 Lipan Way

City State Zip Code
Boulder CO 80303-3635

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

Name of Employer Occupation
Insurance for Asset Protection 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38568

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Eugene L. Rowe

Mailing Address 10430 Wilshire Blvd

City State Zip Code
Los Angeles CA 90024-4651

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

Name of Employer Occupation
R & R Retirement and Insurance Service Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39339

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
 Donna M. Rudner
 Mailing Address 4665 Ivygate Cir SE
 City State Zip Code
 Smyrna GA 30080-6632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employer Relief, Inc. President
 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 0 / 2 5 / 2 0 1 0
Transaction ID: 10552-P38716
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Francis A. Ruggiero
 Mailing Address 15 Kennedy Dr
 City State Zip Code
 Budd Lake NJ 07828-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 John J. Slattery Associates Director of Broker Development
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 1 0
Transaction ID: 10552-P38764
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Jean Russell
 Mailing Address 1A Spruce Hill Rd
 City State Zip Code
 Burlington MA 01803-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BenefitsMart President
 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 0 / 2 5 / 2 0 1 0
Transaction ID: 10552-P38587
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Gregory S. Sailer

Mailing Address 9721 Wellington Rdg

City State Zip Code
Woodbury MN 55125-9592

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

Name of Employer: Sailer Benefit Services, Inc. Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38769
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Stephen J. Salamon

Mailing Address PO Box 4252

City State Zip Code
Timonium MD 21094-4252

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

Name of Employer: Landmark Insurance & Financial Group Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38641
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City State Zip Code
Dacula GA 30019-3290

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

Name of Employer: E2E Benefits Services, Inc. Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38770
Amount of Each Receipt this Period: 150.00
Payroll Deduction: (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City State Zip Code
Winston Salem NC 27103-6470

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

Name of Employer Plans For Health, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38859
Amount of Each Receipt this Period: 170.00
Payroll Deduction (\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Chad P. Schneider

Mailing Address 3700 N 1st Ave Apt 1103

City State Zip Code
Tucson AZ 85719-1652

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

Name of Employer AFLAC Occupation Broker Development Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38860
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John E Schneider

Mailing Address 210 Garden Ave

City State Zip Code
Nashville TN 37205-2422

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

Name of Employer Colonial Life Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39111
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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<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)
Patricia A. Schrade

Mailing Address 4910 King Solomon Dr

City Annandale State VA Zip Code 22003-4044

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

Name of Employer Blue Kamen Benefits, LLC Occupation Senior Benefits Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38877

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Denise Michelle Schroeder

Mailing Address 474 E Camino Rancho Cielo

City Sahuarita State AZ Zip Code 85629-8962

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

Name of Employer LifeWise Health Plans of Arizona Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38530

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City Silver Spring State MD Zip Code 20901-2348

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

Name of Employer Insurance Benefits & Advisors Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 705.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39149

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

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

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

A. Full Name (Last, First, Middle Initial)
James D. Schulz
Mailing Address 7101 S 82nd St

City Lincoln State NE Zip Code 68516-6584

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

Name of Employer Midlands Financial Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 765.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38672
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
B. Kay Schweiger
Mailing Address 9401 Indian Creek Pkwy

City Shawnee Mission State KS Zip Code 66210-2007

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

Name of Employer Trustmark Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38585
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ronald E. Seibel
Mailing Address 351 Woodland Davis

City Driftwood State TX Zip Code 78619

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

Name of Employer Advanced Benefits Solutions Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38861
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

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

FOR LINE NUMBER: PAGE 121 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregory J. Seifert

Mailing Address 3311 NE 115th St

City State Zip Code
Vancouver WA 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38862
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ralph Steven Seiler

Mailing Address 948 Hawthorn Rd

City State Zip Code
Allentown PA 18103-4678

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

Name of Employer R. Steve Seiler Insurance, LCC Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38564
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Steven Selinsky

Mailing Address 28638 Oak Point Dr

City State Zip Code
Farmington Hills MI 48331-2706

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

Name of Employer Warner Pacific Insurance Services Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1205.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38863
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bruce J. Setlik
Mailing Address 17808 Harney St
City Omaha State NE Zip Code 68118-3500
FEC ID number of contributing federal political committee. **C**
Name of Employer American Community Mutual, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39309
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Daniel Severo
Mailing Address 17137 Patricia Dr
City Meadville State PA Zip Code 16335-6337
FEC ID number of contributing federal political committee. **C**
Name of Employer The DJB Group, Inc. Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38879
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Scott A Shalek
Mailing Address PO Box 67
City Ringwood State IL Zip Code 60072-0067
FEC ID number of contributing federal political committee. **C**
Name of Employer Shalek Financial Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38633
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

A.

Full Name (Last, First, Middle Initial)
Douglas W Sheffer

Mailing Address 110 International Way

City Springfield State OR Zip Code 97477-1034

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

Name of Employer PacificSource Health Plans Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38547
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Kenneth A. Sherlin

Mailing Address 8 1st St

City Asheville State NC Zip Code 28803-1414

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

Name of Employer Keystone Financial & Benefit Resources Occupation Marketing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39329
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
David M. Sherrill

Mailing Address 2844 Regal Ln

City Oviedo State FL Zip Code 32765-7573

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

Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Vice President/Life & LTC Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38907
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 173

(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) Jeffrey Sherrod		Date of Receipt
	Mailing Address 3810 Holly Ridge Dr		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Longview	TX	75605-2500
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 10552-P38560
Name of Employer Principal Life Insurance Co.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Kevin Shively		Date of Receipt
	Mailing Address 6363 Oberlin Ct		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tyler	TX	75703
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 10552-P38586
Name of Employer Blue Cross Blue Shield		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Thomas E. Shores		Date of Receipt
	Mailing Address 8596 W Bolsa St		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Boise	ID	83709-5196
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 10552-P38766
Name of Employer T.A. Shores Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="310.00"/>
		<input type="text" value="310.00"/>	Payroll Deduction (\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 173
	<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) Eileen M. Shrem	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 215 McCabe Ave Apt C1	Transaction ID: 10552-P38767
	City State Zip Code Bradley Beach NJ 07720-1465	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Independent Insurance Planner Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Michael John Simmang	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 143 E Austin St	Transaction ID: 10552-P38864
	City State Zip Code Giddings TX 78942-3201	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Insurance Network of Texas Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Roger W Skinner	Date of Receipt MM / DD / YYYY 10 / 24 / 2010
	Mailing Address 11835 N 40th Way	Transaction ID: 10599-P39254
	City State Zip Code Phoenix AZ 85028-1525	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Monthly)
	Name of Employer Occupation GroupLink, Inc. President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Desmond X. Slattery</p> <p>Mailing Address 1800 State Route 34</p> <p>City State Zip Code Wall NJ 07719-9168</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation John J. Slattery Associates, Inc. Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 850.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2010</p> <p>Transaction ID: 10552-P38674</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Amy T. Smith</p> <p>Mailing Address 109 Spring Valley Dr</p> <p>City State Zip Code Brandon MS 39047-7940</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Stewart Sneed Hewes/Bancorp South Ins. Account Executive</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2010</p> <p>Transaction ID: 10552-P38865</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) David C. Smith</p> <p>Mailing Address 1926 Glengate Cir</p> <p>City State Zip Code Morrisville NC 27560-6966</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Financial Directions Group LAWYER</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 540.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2010</p> <p>Transaction ID: 10551-P38484</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	285.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 127 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregory S. Smith

Mailing Address 4017 W Hollow Trace Dr

City Peoria State IL Zip Code 61615-2418

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

Name of Employer Group Marketing Services Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2010

Transaction ID: 10552-P38867

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Julie Smith

Mailing Address 10490 Blockade Dr

City Reno State NV Zip Code 89521-5264

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

Name of Employer Julie Smith Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010

Transaction ID: 10599-P39310

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MD Sam Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City Los Angeles State CA Zip Code 90046-3284

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

Name of Employer GENESIS/Smith-Benton Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 25 / 2010

Transaction ID: 10552-P38883

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

Mailing Address 2806 Castle Hayne Rd

City State Zip Code
Castle Hayne NC 28429-5420

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

Name of Employer Bluewater Insurance Group Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38884
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Teresa A. Smith

Mailing Address 2828 Lily St

City State Zip Code
Anchorage AK 99508-4771

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

Name of Employer Premera BlueCross BlueShield of Alaska Occupation agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39224
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Thomas E. Snell

Mailing Address 1201 Wilkins Dr

City State Zip Code
Sanford NC 27330-7238

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

Name of Employer Benefit Edge of the Carolinas, Inc. Occupation Managing Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38734
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 / 173
<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) Scott D. Snowden		Date of Receipt
	Mailing Address 6701 Tallwood Ct		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Prospect	KY	40059-9417
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Snowden & Associates, Inc.		Occupation Agent	Transaction ID: 10552-P38842
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction
			(\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Michael Sobel		Date of Receipt
	Mailing Address 2105 Stirling Rd		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bannockburn	IL	60015-1525
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Rockwood Company		Occupation Agent	Transaction ID: 10535
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

C.	Full Name (Last, First, Middle Initial) Sherry Soileau		Date of Receipt
	Mailing Address 6421 Perkins Rd Bldg A # 2B		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Baton Rouge	LA	70808-6200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Besselman & Little Agency		Occupation Agent	Transaction ID: 10599-P39201
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="10.00"/>
			Payroll Deduction
			(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="340.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 173
(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)
Tamela L. Southan

Mailing Address 8431 San Leandro Dr

City State Zip Code
Dallas TX 75218-4320

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

Name of Employer Benefit Solutions By Design
Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38868

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
James Randall Southard

Mailing Address 7848 Nc Highway 68 N

City State Zip Code
Stokesdale NC 27357-9326

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

Name of Employer Wells Fargo Insurance Services of NC
Occupation Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38869

Amount of Each Receipt this Period
65.00

Payroll Deduction
(\$65.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Jim Spahr

Mailing Address 1457 Capri Ave

City State Zip Code
Petaluma CA 94954-1458

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

Name of Employer Jackie & Jim Spahr Insurance Services
Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 765.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38870

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

180.00

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

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

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

FOR LINE NUMBER: PAGE 131 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Blake Spell
Mailing Address 7873 Bufflehead Ct
City Greensboro State NC Zip Code 27455-8376
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 ▼ 350.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38885
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Anne P. Sperling
Mailing Address 25 Antigua Rd
City Santa Fe State NM Zip Code 87508-2201
FEC ID number of contributing federal political committee. **C**
Name of Employer Daniels Insurance, Inc. Occupation Employee Benefits Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38886
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jackie L. Spragins
Mailing Address 2009 Speedway Ave
City Wichita Falls State TX Zip Code 76301-6067
FEC ID number of contributing federal political committee. **C**
Name of Employer Allred-Thompson-Mason-Daugherty Insur Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39313
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 132 / 173
(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)
Delvin L. Stahl

Mailing Address PO Box 388

City State Zip Code
Sutton NE 68979-0388

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

Name of Employer Insurance Plus, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39226
Amount of Each Receipt this Period: 40.00
Payroll Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Eugene A Starks

Mailing Address 408 Oakleigh Cir

City State Zip Code
Brandon MS 39047-5079

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

Name of Employer Benefit Administration Services, Ltd. Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39288
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

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 agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38724
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 210.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 173

(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)
Peter F Stehr

Mailing Address 13636 Seward St

City State Zip Code
Omaha NE 68154-3823

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

Name of Employer Occupation
Peter Stehr Insurance Ser- Agent
vices, Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39122

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Peter J Stein

Mailing Address 1164 Silver Beech Rd

City State Zip Code
Herndon VA 20170-2328

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

Name of Employer Occupation
NAHU VP Congressional Affairs

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38737

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
James R Stenger

Mailing Address 381 victoria drive

City State Zip Code
Bridgewater NJ 12909

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

Name of Employer Occupation
NAS Financial Services Principal

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1850.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39300

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 173
(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) Marilyn A. Stenger		Date of Receipt																					
	Mailing Address 77 Ridgeview Ln		<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>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	4		2	0	1	0														
City	State	Zip Code	Transaction ID: 10599-P39301																					
Mount Arlington	NJ	07856-2321	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	<table border="1"> <tr> <td colspan="10">85.00</td> </tr> </table>		85.00																			
85.00																								
Name of Employer MVS Consulting		Occupation Agent	Payroll Deduction																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	(\$85.00 Monthly)																					
		<table border="1"> <tr> <td colspan="10">1975.00</td> </tr> </table>	1975.00																					
1975.00																								

B.	Full Name (Last, First, Middle Initial) James R. Stephens		Date of Receipt																					
	Mailing Address 1607 Lower Union Hill Rd		<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>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	4		2	0	1	0														
City	State	Zip Code	Transaction ID: 10599-P39128																					
Canton	GA	30115-8435	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>		30.00																			
30.00																								
Name of Employer Wellcare Health Plans, Inc		Occupation Agent	Payroll Deduction																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	(\$30.00 Monthly)																					
		<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																					
300.00																								

C.	Full Name (Last, First, Middle Initial) Michael R. Stephens		Date of Receipt																					
	Mailing Address 11515 S 5th Pl		<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>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	5		2	0	1	0														
City	State	Zip Code	Transaction ID: 10552-P38874																					
Jenks	OK	74037-3229	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>		250.00																			
250.00																								
Name of Employer Self Employed		Occupation Agent	Payroll Deduction																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	(\$250.00 Monthly)																					
		<table border="1"> <tr> <td colspan="10">1125.00</td> </tr> </table>	1125.00																					
1125.00																								

SUBTOTAL of Receipts This Page (optional) ▶

365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 173

(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)

Ames D. Stetzler

Mailing Address 9225 Indian Creek Pkwy

City State Zip Code
Shawnee Mission KS 66210-2009

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

Name of Employer
The Resource Group, An HRH Company

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38559

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tiffany Stiller

Mailing Address 6215 San Vicente Blvd

City State Zip Code
Los Angeles CA 90048-5415

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

Name of Employer
BenefitMall

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38887

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ulrich S. Storz

Mailing Address 987 University Ave Ste 14

City State Zip Code
Los Gatos CA 95032-7640

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

Name of Employer
Storz Insurance Services, Inc.

Occupation
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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38615

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Marcie Strouse		Date of Receipt
	Mailing Address 9854 Colby Ave		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Clive	IA	50325-6422
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Independent Agent	Transaction ID: 10552-P38999
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Rodney Stuart		Date of Receipt
	Mailing Address 9755 Randall Dr		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Indianapolis	IN	46280-2951
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benefit Innovations, LLP		Occupation Agent	Transaction ID: 10552-P38845
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) James L. Sugden		Date of Receipt
	Mailing Address 628 Wild Ridge Cir		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lafayette	CO	80026-2583
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Employee Benefit Solutions, Inc.		Occupation Agent	Transaction ID: 10599-P39303
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="975.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="215.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)

James F. Summers

Mailing Address 15316 Pine St

City State Zip Code
Omaha NE 68144-5117

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

Name of Employer Senior Market Sales, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: 10599-P39304

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William L Sutherland

Mailing Address 19126 Kristen Way

City State Zip Code
San Antonio TX 78258-3618

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

Name of Employer Wortham Insurance & Risk Management Occupation Agent

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38810

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ernie Sweat

Mailing Address 393 W Gordon Ave Ste 1

City State Zip Code
Layton UT 84041-2391

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

Name of Employer Fringe Benefit Analysts, Inc. Dba Frin Occupation 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38894

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 173
(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)

Casey Tadlock

Mailing Address 90 Castilian Dr Ste 110

City State Zip Code
Goleta CA 93117-3000

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

Name of Employer Occupation
Neovia Integrated Insurance Services Agent

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

Date of Receipt

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

Transaction ID: 10599-P39163

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

F. Todd Taylor

Mailing Address 11 Millstone Rd

City State Zip Code
Richmond VA 23228-5407

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

Name of Employer Occupation
Medical Society of Virginia Insurance Account Manager

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38871

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Marsha Tellesbo

Mailing Address 22887 NE 127th Way

City State Zip Code
Redmond WA 98053-5657

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

Name of Employer Occupation
Tellesbo & Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38853

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 173

(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)

Charles F Terry

Mailing Address 409 Madison St

City State Zip Code
Clarksville TN 37040-3649

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

Name of Employer Occupation
DUNN INSURANCE, INC. Senior Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: 10552-P38654

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City State Zip Code
South Jordan UT 84095-4538

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

Name of Employer Occupation
Ryan P. Thorn Insurance Planning, Inc. Agent

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

Date of Receipt

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

Transaction ID: 10599-P39146

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Helen M. Todd

Mailing Address 54 Belle Meadow Ln

City State Zip Code
Little Rock AR 72210-3714

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

Name of Employer Occupation
The Todd Agency, Inc. Chief Financial Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: 10552-P38830

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 173
(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)
Dave Toeben

Mailing Address 1625 Division St

City State Zip Code
Waite Park MN 56387-1811

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

Name of Employer Occupation
Insight Insurance Services President

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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38548

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 116 Gosling Dr

City State Zip Code
Franklin TN 37064-5048

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

Name of Employer Occupation
BlueCross BlueShield of Tennessee 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38831

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Daniel R. Tompkins

Mailing Address 7555 Brookstead Xing

City State Zip Code
Duluth GA 30097-1953

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

Name of Employer Occupation
Admin America Executive Vice President

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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39293

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 173
(check only one)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Jennifer L. Toups
Mailing Address 4521 Laurel St

City State Zip Code
New Orleans LA 70115-1538

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

Name of Employer Business Insurance Group Occupation Director of Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38855
Amount of Each Receipt this Period: 35.00
Payroll Deduction: (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Janet Trautwein
Mailing Address 7212 Redlac Dr

City State Zip Code
Clifton VA 20124-1948

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

Name of Employer NAHU Occupation CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39305
Amount of Each Receipt this Period: 170.00
Payroll Deduction: (\$170.00 Monthly)

C. Full Name (Last, First, Middle Initial)
C. Louanne Trebing
Mailing Address 1806 Patton Dr

City State Zip Code
Garland TX 75042-8205

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

Name of Employer Trebing Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39306
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 255.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Terrie L Trevino

Mailing Address 672 S Tiburon Ave

City State Zip Code
Meridian ID 83642-3590

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

Name of Employer Blue Cross of Idaho Occupation Marketing Consultant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38876
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Regan Michael Turner

Mailing Address 960 Poplar Ave

City State Zip Code
Boulder CO 80304-0764

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

Name of Employer Professional Financial Specialists, I Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38740
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Brian Urban

Mailing Address 11329 Kansas Cir

City State Zip Code
Omaha NE 68164-1555

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

Name of Employer Corporate Resource Group, Inc. Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38832
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
David R. Van Ahn
Mailing Address 821 17th St
City West Des Moines State IA Zip Code 50265-3452
FEC ID number of contributing federal political committee. **C**
Name of Employer Van Ahn Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38833
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Catherine Van Zant
Mailing Address 11916 W Highway 156
City West Fork State AR Zip Code 72774-9378
FEC ID number of contributing federal political committee. **C**
Name of Employer Rogers Benefit Group Occupation Sales Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39294
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Robert B. Vernon
Mailing Address 3702 Alton Rd SW
City Roanoke State VA Zip Code 24014-3004
FEC ID number of contributing federal political committee. **C**
Name of Employer Southwind Health Partners Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39307
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Ellen Vickers

Mailing Address 921-C S McPherson Church Rd

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer EbenConcepts Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39165
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Charles G. Wagner

Mailing Address PO Box 9

City Burwell State NE Zip Code 68823-0009

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

Name of Employer Town and Country Insurance Agency, In Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39215
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Rand R. Wall

Mailing Address 1004 Sugardale Ct

City Sugar Land State TX Zip Code 77498-2760

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

Name of Employer Lone Star Health Plans, Ltd. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39295
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 215.00

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

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

A. Full Name (Last, First, Middle Initial)
Timothy P. Walsh

Mailing Address 701 Oyster Catcher Dr

City State Zip Code
Hampstead NC 28443-8340

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

Name of Employer Occupation
Advanced Insurance Systems Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39316
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City State Zip Code
Arlington VA 22201-2573

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

Name of Employer Occupation
NAHU VP, Policy and State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39191
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
M. Hughes Waren

Mailing Address 1109 Princeton Dr

City State Zip Code
Wilmington NC 28403-2528

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

Name of Employer Occupation
Ebenconcepts, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 10 / 24 / 2010
Transaction ID: 10599-P39225
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Stephen C. Warner
Mailing Address 16110 39th PI N
City State Zip Code
Minneapolis MN 55446-1371
FEC ID number of contributing federal political committee. **C**
Name of Employer Warner & Associates Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38741
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John L. Warwick
Mailing Address PO Box 272
City State Zip Code
Chico CA 95927-0272
FEC ID number of contributing federal political committee. **C**
Name of Employer John Warwick Insurance Se- rvices Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38742
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mark A Waugh
Mailing Address 125 Powell Rd
City State Zip Code
Newport NC 28570-3706
FEC ID number of contributing federal political committee. **C**
Name of Employer EbenConcepts Occupation AGENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39282
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Steven H. Way
Mailing Address 204 Clyde Dr
City Walnut Creek State CA Zip Code 94598-3425
FEC ID number of contributing federal political committee. **C**
Name of Employer Way Financial Occupation Financial Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 19 / 2010
Transaction ID: 10509
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Charles A Webb
Mailing Address 15 S Jefferson St
City Roanoke State VA Zip Code 24011-1303
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefits Group, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38671
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dan Webb
Mailing Address 5251 Office Park Dr
City Bakersfield State CA Zip Code 93309-0404
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 ▼ 1910.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39134
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 755.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Daryl D. Webster

Mailing Address 355 Addie Way

City Lynchburg State VA Zip Code 24501-7294

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

Name of Employer Premier Access Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P39089
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jason Scott Weilage

Mailing Address 3800 Flowering Grove Ct

City Louisville State KY Zip Code 40241-3044

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

Name of Employer Brown and Brown Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39296
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles L. Westmoreland

Mailing Address PO Box 925

City Jackson State MS Zip Code 39205-0925

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

Name of Employer American Public Life Insurance Company Occupation Director of Agency Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38525
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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(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)
Robert H. White

Mailing Address 218 W 6th St

City State Zip Code
Tulsa OK 74119-1004

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

Name of Employer Occupation
CommunityCare HMO Plans Marketing Representative
of OK

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

Date of Receipt

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

Transaction ID: 10599-P39166

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Dale Whiteis

Mailing Address 7820 S Granite Ave

City State Zip Code
Tulsa OK 74136-8456

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

Name of Employer Occupation
Whiteis Benefits Agent

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

Date of Receipt

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

Transaction ID: 10599-P39204

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Trei Wild

Mailing Address 2745 Dallas Pkwy

City State Zip Code
Plano TX 75093-8731

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

Name of Employer Occupation
Assurant Employee Benefits Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38706

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

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<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)
George Williams

Mailing Address 4109 Woodway Dr

City State Zip Code
Monroe LA 71201-2218

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

Name of Employer Occupation
Financial Planning Resources 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 0 / 2 4 / 2 0 1 0

Transaction ID: 10599-P39281

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Michael R Williams

Mailing Address 302 S 36th St Ste 105

City State Zip Code
Omaha NE 68131-3845

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

Name of Employer Occupation
Williams Deras & Associates Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38571

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
W. Ray Williams

Mailing Address 114 W Gazebo Ln

City State Zip Code
Savannah GA 31410-3949

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

Name of Employer Occupation
Ashford Advisors, Inc. 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 0 / 2 5 / 2 0 1 0

Transaction ID: 10552-P38746

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Paula L Wilson

Mailing Address 31930 Daniel Way

City State Zip Code
Temecula CA 92591-2129

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

Name of Employer Occupation
Paula Wilson, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2010

Transaction ID: 10599-P39284

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Steven L. Wilson

Mailing Address 808 Penny Ln

City State Zip Code
Lexington KY 40509-1964

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

Name of Employer Occupation
Benefit Insurance Marketing Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: 10552-P38838

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Thomas R. Wilson

Mailing Address 1400 Amber Joy

City State Zip Code
Wichita Falls TX 76310-9323

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

Name of Employer Occupation
Boley Featherston Insurance Agency Benefits Consultant/Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: 10552-P39042

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

A. Full Name (Last, First, Middle Initial)
Tammy Winn
Mailing Address 5940 Hartson
City State Zip Code
Kyle TX 78640-8827
FEC ID number of contributing federal political committee. **C**
Name of Employer Pro Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39285
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Shelly K Winson
Mailing Address 2491 W Binner Dr
City State Zip Code
Chandler AZ 85224-4112
FEC ID number of contributing federal political committee. **C**
Name of Employer OptumHealth Financial Services Occupation Business Development Director,
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38839
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Steven T. Wisneski
Mailing Address 2321 Wickham Dr
City State Zip Code
Muskegon MI 49441-3145
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Benefit Systems, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38856
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 153 / 173
(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)
Dennis Woehler

Mailing Address 720 Drexel Dr

City State Zip Code
Evansville IN 47712-9629

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

Name of Employer ONB Insurance Group, Inc. Occupation Group Benefits Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38857
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Rosanne Wolfe

Mailing Address 4600 E Swans Nest Rd

City State Zip Code
Tucson AZ 85718-6248

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

Name of Employer Wolfe Insurance & Consultants, LLC Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38881
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
DianaLou Wolff

Mailing Address 106 Main St

City State Zip Code
Kingston NY 12401-4410

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

Name of Employer Benefit Counseling Associates Occupation Group & Health Benefit Special

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 10552-P38882
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 154 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Woods
 Mailing Address 806 Perkinswood Blvd NE
 City Warren State OH Zip Code 44483-4474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Health & Life Agency, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt 10 / 24 / 2010
Transaction ID: 10599-P39230
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Barbara Wright
 Mailing Address 318 Calash Run
 City Fort Wayne State IN Zip Code 46845-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Intrahealthsolutions, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38938
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dennis E. Wright
 Mailing Address 318 Calash Run
 City Fort Wayne State IN Zip Code 46845-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IntraHealth Solutions, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00
 Date of Receipt 10 / 25 / 2010
Transaction ID: 10552-P38748
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 155 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Luann S. Yarberry

Mailing Address 4500 Bermuda Ln

City State Zip Code
Wichita Falls TX 76308-2443

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

Name of Employer
Allred-Thompson-Mason-Daugherty Ins.

Occupation
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	0		2	5		2	0	1	0

Transaction ID: 10552-P38840

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MaryAnn Gregg Yocum

Mailing Address 126 Bougainvillea Dr

City State Zip Code
Rockledge FL 32955-2403

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

Name of Employer
Gore Stret Insurance Group

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: 10552-P38816

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

28960.96

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 173
(check only one)

<input 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 checked="" 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)
SOUDER FOR CONGRESS INC.

Mailing Address P.O. BOX 40233

City State Zip Code
FORT WAYNE IN 46804

FEC ID number of contributing federal political committee. **C** C00285189

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 10591

Amount of Each Receipt this Period
1000.00

Refund of Contribution P2-010

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 157 / 173

<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

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)

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10646 Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10644 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 201.12</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Regions Bank</p> <p>Mailing Address 6286 N College</p> <p>City Indianapolis State IN Zip Code 46220</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10645 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 954.66</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1160.73

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 158 / 173

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement
Banking Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 10643

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

332.78

SUBTOTAL of Disbursements This Page (optional)

332.78

TOTAL This Period (last page this line number only)

1493.51

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: 10556 Date of Disbursement
	Mailing Address 14 KNIGHTSWOOD DRIVE	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN H. ADLER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AUSTIN SCOTT FOR CONGRESS INC	Transaction ID: 10562 Date of Disbursement
	Mailing Address PO Box 27750	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Macon State GA Zip Code 31221	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JAMES AUSTIN SCOTT	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS	Transaction ID: 10498 Date of Disbursement
	Mailing Address P.O. Box 8277	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City The Woodlands State TX Zip Code 77387	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name KEVIN BRADY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 160 / 173

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

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

<p>A. Full Name (Last, First, Middle Initial) DANIEL WEBSTER FOR CONGRESS</p> <p>Mailing Address 3400 Old Winter Garden Road</p> <p>City Orlando State FL Zip Code 32805</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name DANIEL WEBSTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 08</p>	<p>Transaction ID: 10620 Date of Disbursement <table border="1" style="width: 100%;"> <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>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">-1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0	-1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	1	0													
-1000.00																						
<p>B. Full Name (Last, First, Middle Initial) DJOU FOR HAWAII</p> <p>Mailing Address P.O. BOX 235280</p> <p>City HONOLULU State HI Zip Code 96823</p> <p>Purpose of Disbursement Contributions 011 Category/Type</p> <p>Candidate Name CHARLES K DJOU</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District: 01</p>	<p>Transaction ID: 10540 Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	2	/	2	0	1	0													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) ELECT BLAKE FARENTHOLD COMMITTEE</p> <p>Mailing Address 5601 OCEAN DRIVE</p> <p>City CORPUS CHRISTI State TX Zip Code 78412</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name BLAKE FARENTHOLD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 27</p>	<p>Transaction ID: 10559 Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	8	/	2	0	1	0													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">1000.00</td></tr></table>	1000.00
1000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </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)

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

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

<p>A. Full Name (Last, First, Middle Initial) FAMILIES FOR JAMES LANKFORD</p> <p>Mailing Address 16121 WINDRUSH PL</p> <p>City EDMOND State OK Zip Code 73013</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name JAMES LANKFORD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10560 Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FIORINA VICTORY COMMITTEE</p> <p>Mailing Address PO BOX 365</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name FIORINA VICTORY COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10550 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT</p> <p>Mailing Address P. O. Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name DAVE REICHERT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10592 Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK Mailing Address PO Box 750114 City Las Vegas State NV Zip Code 89136 Purpose of Disbursement Contribution Candidate Name JOE HECK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10494 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 2000.00 011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH Mailing Address P. O. Box 189 City Mount Kisco State NY Zip Code 10549 Purpose of Disbursement Contribution Candidate Name NAN HAYWORTH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10544 Date of Disbursement 10 / 22 / 2010 Amount of Each Disbursement this Period 2000.00 011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF TODD YOUNG Mailing Address POST OFFICE BOX 1053 City BLOOMINGTON State IN Zip Code 47402 Purpose of Disbursement Contribution Candidate Name TODD CHRISTOPHER YOUNG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10563 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 500.00 011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE	Transaction ID: 10503 Date of Disbursement
	Mailing Address PO Box 3370	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Palm Springs State CA Zip Code 92263	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name MARY BONO MACK	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE	Transaction ID: 10505 Date of Disbursement
	Mailing Address PO Box 3370	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Palm Springs State CA Zip Code 92263	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name MARY BONO MACK	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MIKE KELLY FOR CONGRESS	Transaction ID: 10539 Date of Disbursement
	Mailing Address PO BOX 476	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LYNDORA State PA Zip Code 16045	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions	<input type="text" value="1000.00"/>
	Candidate Name GEORGE J JR KELLY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS</p> <p>Mailing Address 8150 West Emerald, Ste. 170</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name WALTER CLIFFORD MINNICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District: 01</p>	<p>Transaction ID: 10541</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) MOBROOKSFORCONGRESS.COM</p> <p>Mailing Address 7610 FOXFIRE DRIVE</p> <p>City HUNTSVILLE State AL Zip Code 35802</p> <p>Purpose of Disbursement Lunch 10.20</p> <p>Candidate Name MO BROOKS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District: 05</p>	<p>Transaction ID: 10484</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) MORAN FOR KANSAS</p> <p>Mailing Address PO BOX 1151</p> <p>City HAYS State KS Zip Code 67601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JERRY MORAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KS District: 00</p>	<p>Transaction ID: 10496</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NUNNELEE FOR CONGRESS	Transaction ID: 10566 Date of Disbursement 10 / 29 / 2010
	Mailing Address 438 EAST MAIN ST	Amount of Each Disbursement this Period 500.00
	City TUPELO State MS Zip Code 38802	
	Purpose of Disbursement Contribution Candidate Name PATRICK ALAN NUNNELEE	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PALAZZO FOR CONGRESS	Transaction ID: 10567 Date of Disbursement 10 / 29 / 2010
	Mailing Address 13155 HIGHWAY 67 SUITE B	Amount of Each Disbursement this Period 500.00
	City BILOXI State MS Zip Code 39532	
	Purpose of Disbursement Contribution Candidate Name STEVEN MCCARTY PALAZZO	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: 10483 Date of Disbursement 10 / 24 / 2010
	Mailing Address PO Box 3176	Amount of Each Disbursement this Period 2000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement Contribution Candidate Name FRANK JR PALLONE	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS</p> <p>Mailing Address 50 S. Providence Road</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name PATRICK L MEEHAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 07</p>	<p>Transaction ID: 10538 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) RAESE FOR SENATE COMMITTEE</p> <p>Mailing Address PO BOX 262</p> <p>City MORGANTOWN State WV Zip Code 26507</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name JOHN REEVES RAESE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WV District: 00</p>	<p>Transaction ID: 10545 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) RANDY HULTGREN FOR CONGRESS</p> <p>Mailing Address PO Box 39</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name RANDY HULTGREN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 14</p>	<p>Transaction ID: 10493 Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ROB ANDREWS U.S. HOUSE COMMITTEE</p> <p>Mailing Address 215 FOURTH AVENUE</p> <p>City HADDON HEIGHTS State NJ Zip Code 07076</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name ROBERT E. MR. ANDREWS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 01</p>	<p>Transaction ID: 10546 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) RYAN FRAZIER FOR COLORADO</p> <p>Mailing Address Po Box 140182</p> <p>City Edgewater State CO Zip Code 80214</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name RYAN L FRAZIER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 07</p>	<p>Transaction ID: 10537 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name SHELLEY MOORE MS. CAPITO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WV District: 02</p>	<p>Transaction ID: 10561 Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SOUTHERLAND FOR CONGRESS	Transaction ID: 10536 Date of Disbursement
	Mailing Address PO BOX 1692	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="22"/> <input type="text" value="2"/> / <input type="text" value="20"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>
	City LYNN HAVEN State FL Zip Code 32444	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name WILLIAM STEVE II SOUTHERLAND	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS	Transaction ID: 10553 Date of Disbursement
	Mailing Address 4679 Winterset Drive	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="27"/> <input type="text" value="2"/> / <input type="text" value="20"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>
	City Columbus State OH Zip Code 43220	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name STEVE MR. STIVERS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS	Transaction ID: 10504 Date of Disbursement
	Mailing Address 228 S. Washington Street	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="15"/> <input type="text" value="5"/> / <input type="text" value="20"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS</p> <p>Mailing Address 6769 Teachout Rd.</p> <p>City Tipton State MI Zip Code 49287</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name TIMOTHY L. WALBERG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 07</p>	<p>Transaction ID: 10543 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) WALORSKI FOR CONGRESS INC</p> <p>Mailing Address PO Box 954</p> <p>City Mishawaka State IN Zip Code 46546</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name JACKIE WALORSKI (SWIHART)</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02</p>	<p>Transaction ID: 10564 Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. BOX 391</p> <p>City HOPKINSVILLE State KY Zip Code 42241</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name ED WHITFIELD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 01</p>	<p>Transaction ID: 10555 Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	5100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Scott Walker Mailing Address PO Box 100828 City Milwaukee State WI Zip Code 53210 Purpose of Disbursement Contribution Candidate Name Scott Walker Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10547 Date of Disbursement 10 / 22 / 2010	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Friends of Scott Walker Mailing Address PO Box 100828 City Milwaukee State WI Zip Code 53210 Purpose of Disbursement Contribution Candidate Name Scott Walker Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10558 Date of Disbursement 10 / 28 / 2010	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Jerry Brown for Governor Mailing Address 291 3rd St. City Oakland State CA Zip Code 94607 Purpose of Disbursement Contribution Candidate Name Jerry Brown Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10565 Date of Disbursement 10 / 29 / 2010	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	6000.00