

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 1212 NEW YORK AVE NW

Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00283135

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) [X]
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on [] / [] / [] in the State of []

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on [] / [] / [] in the State of []

5. Covering Period 11 / 01 / 2013 through 11 / 30 / 2013

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date 12 / 13 / 2013

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

Table with 7 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="88834.18"/>	<input type="text" value="88834.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="117988.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32007.13"/>	<input type="text" value="437327.62"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="149996.02"/>	<input type="text" value="526161.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22517.17"/>	<input type="text" value="398682.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="127478.85"/>	<input type="text" value="127478.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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: / / To: / /

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).....	25566.59	253138.73
(ii) Unitemized	6440.50	175688.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32007.09	428827.24
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	32007.09	428827.24
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.04	0.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32007.13	437327.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32007.13	437327.62

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	7017.17	39217.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7017.17	39217.95
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	354500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	465.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	465.00
29. Other Disbursements	0	4500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22517.17	398682.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22517.17	398682.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32007.09	428827.24
34. Total Contribution Refunds (from Line 28(d))	0	465.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32007.09	428362.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7017.17	39217.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7017.17	39217.95

**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 6 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mark K. Ackerman
Full Name (Last, First, Middle Initial)

Mailing Address 1600 St. Julian Place

City Columbia State SC Zip Code 29204

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

Name of Employer Insurance Management Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81308

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 736 Johnson Ferry Road Building C

City Marietta State GA Zip Code 30068

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81531

Amount of Each Receipt this Period **20.00**

Payroll Deduction
(\$20.00 Monthly)

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

Mailing Address 397 Little Neck Road Suite 300

City Virginia Beach State VA Zip Code 23452

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

Name of Employer TFA Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81020

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 174
	<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. Suzetta E. Alberts
Full Name (Last, First, Middle Initial)

Mailing Address 201W. Fort Street, Mail Code 7969

City Detroit State MI Zip Code 48226

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

Name of Employer Comerica Insurance Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80917

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Terry Allard
Full Name (Last, First, Middle Initial)

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81181

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$100.00 Monthly)

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

Mailing Address P.O. Box 3248

City Omaha State NE Zip Code 68180

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

Name of Employer Blue Cross and Blue Shield of Nebraska Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80862

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kris Amen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6075 Poplar Avenue, Suite 221
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80797
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20.00 Monthly)

B. Melinda S. Anderson-Wallis
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 N 36th Street
 City Lafayette State IN Zip Code 47905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Solutions of IN, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81555
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Joanna Antongiovanni
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 795008
 City San Antonio State TX Zip Code 78279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wortham Insurance & Risk Management Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80799
 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 9 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<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. Steve Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Newpointe Drive
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hub International Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81073
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Elizabeth Ashmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ashmore & Associates Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80939
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

C. Kimberly L. Auclair
 Full Name (Last, First, Middle Initial)
 Mailing Address 6873 Raccoon Ct
 City Viera State FL Zip Code 32940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pineapple Financial Services, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81079
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 174
	<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. Catherine A. Bajkowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Health Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80771
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Donald L. Balla
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Grant Building
 City Pittsburgh State PA Zip Code 15219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simpson & McCrady LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81446
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Timothy N. Barhorst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5222 Double Eagle Drive
 City Westerville State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Partners, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81392
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 11 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dawn Barr		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81578
Mailing Address 1305 NE 29th St.		Amount of Each Receipt this Period 42.00
City Ankeny	State IA	Zip Code 50021
FEC ID number of contributing federal political committee.	C	
Name of Employer Mercer	Occupation Broker	Payroll Deduction (\$42.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) B. William J. Barrett		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81550
Mailing Address 1000 Creekside Plaza Suite 161		Amount of Each Receipt this Period 30.00
City Gahanna	State OH	Zip Code 43230
FEC ID number of contributing federal political committee.	C	
Name of Employer The Standard	Occupation Broker	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Diane L. Barton-Lewis		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80929
Mailing Address 3856 S. Boulevard, Suite 100		Amount of Each Receipt this Period 30.00
City Edmond	State OK	Zip Code 73013
FEC ID number of contributing federal political committee.	C	
Name of Employer Gallagher Benefit Services, Inc.	Occupation Broker	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 174
<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. John Baskett
Full Name (Last, First, Middle Initial)

Mailing Address 2601C Blanding Ave #222

City Alameda State CA Zip Code 94501

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

Name of Employer John Baskett Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81565

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 1027 Tahoe Drive

City Belmont State CA Zip Code 94002

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

Name of Employer Bauer Financial Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81309

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

C. Chris J. Beach
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 72848

City Richmond State VA Zip Code 23235

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

Name of Employer Beach Benefits Group, Ltd. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81625

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 13 OF 174
	<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. Darrald T. Bean
Full Name (Last, First, Middle Initial)
Mailing Address 3922 Rampart ST
City Boise State ID Zip Code 83704
FEC ID number of contributing federal political committee. **C**
Name of Employer Bean Insurance Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81072
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Debra Beaucoudray
Full Name (Last, First, Middle Initial)
Mailing Address 5515 Superior Dr. Suite A-1
City Baton Rouge State LA Zip Code 70816
FEC ID number of contributing federal political committee. **C**
Name of Employer Beaucoudray Medica Insurance Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81395
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

C. Ann C. Bell
Full Name (Last, First, Middle Initial)
Mailing Address 2171 So. Pebblecreek Lane
City Boise State ID Zip Code 83706
FEC ID number of contributing federal political committee. **C**
Name of Employer Unknown Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80681
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
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 14 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marie D. Bell			Date of Receipt
Mailing Address 701 4th Ave S. #1500			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15242-P80676
Minneapolis	MN	55415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction	
DeRuyter-Bell, LLC	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="456.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeffrey S. Bensman			Date of Receipt
Mailing Address 648 N Plankinton Ave Suite 250			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15242-P80767
Milwaukee	WI	53203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll Deduction	
Security Financial Group	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$20.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bruce D. Benton			Date of Receipt
Mailing Address 17200 Ventura Blvd Suite 312			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15242-P80770
Encino	CA	91361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="170.00"/>
Name of Employer	Occupation	Payroll Deduction	
Genesis Financial & Insurance Services	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$170.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1870.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 174
	<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. Stephanie Berger
Full Name (Last, First, Middle Initial)
Mailing Address 79 Daily Dr. #276

City Camarillo	State CA	Zip Code 93010
-------------------	-------------	-------------------

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

Name of Employer HLS Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81348

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Lori Bergsma
Full Name (Last, First, Middle Initial)
Mailing Address 643 Canyon Drive

City Twin Falls	State ID	Zip Code 83301
--------------------	-------------	-------------------

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

Name of Employer Balanced Rock Insurance Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81323

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Christian Bergstrom
Full Name (Last, First, Middle Initial)
Mailing Address 300 1st Avenue South,#500

City Saint Petersburg	State FL	Zip Code 33701
--------------------------	-------------	-------------------

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

Name of Employer Wallace Welch & Willingham, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81419

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 16 OF 174
	<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. David A Berman
Full Name (Last, First, Middle Initial)

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

Name of Employer Neace Lukens Holding Company, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80704

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Ernest Berry
Full Name (Last, First, Middle Initial)

Mailing Address 5121 69th St., A9A

City Lubbock State TX Zip Code 79424

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

Name of Employer Berry Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80882

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Thomas Besselman
Full Name (Last, First, Middle Initial)

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81126

Amount of Each Receipt this Period 250.00

Payroll Deduction (\$250.00 Monthly)

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: (check only one)	PAGE 17 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James P Better
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Summer Street, Suite 6
 City Chelmsford State MA Zip Code 01824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New England Medical Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81472
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Spencer Biegel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4225 Trapline Drive
 City Anchorage State AK Zip Code 99516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alaskan Benefit Insurance Consultants Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81278
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Robert J Bishop
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E. Warm Springs Rd., Suite 108
 City Las Vegas State NV Zip Code 89119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Healthcare Access Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81569
 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).....

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 18 OF 174
	<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. Bradford H. Blain
Full Name (Last, First, Middle Initial)

Mailing Address AI Torstrick Insurance Agency, In

City Lexington State KY Zip Code 40504

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

Name of Employer AI Torstrick Insurance Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81044

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Russ Blakely
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11310

City Chattanooga State TN Zip Code 37401

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

Name of Employer Russ Blakely & Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81037

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Donna J. Blizman
Full Name (Last, First, Middle Initial)

Mailing Address 1939 Racimo Dr

City Sarasota State FL Zip Code 34240

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

Name of Employer Employee Benefits Marketing Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80775

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 19 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrea M. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1809
 City Candler State NC Zip Code 28715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Specialties, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80779
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20.00 Monthly)

B. David M. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1809
 City Candler State NC Zip Code 28715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Specialties, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80685
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Michele B. Bloom
 Full Name (Last, First, Middle Initial)
 Mailing Address 4507 N Front Street
 City Harrisburg State PA Zip Code 17110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson, Reid & Co Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **334.62**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80920
 Amount of Each Receipt this Period **30.42**
 Payroll Deduction (\$30.42 Monthly)

SUBTOTAL of Receipts This Page (optional).....	80.42
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: (check only one)	PAGE 20 OF 174
	<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. Daniel J. Boaz
Full Name (Last, First, Middle Initial)

Mailing Address 5565 Roberts Drive Suite 100

City	State	Zip Code
Atlanta	GA	30338

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

Name of Employer	Occupation
HealthLife Group, LLC	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81186

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Terry Bodkin- Agris
Full Name (Last, First, Middle Initial)

Mailing Address 400 Mulberry Lane

City	State	Zip Code
Bellaire	TX	77401

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

Name of Employer	Occupation
Bodkin & Associates	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81581

Amount of Each Receipt this Period

42.00

Payroll Deduction
 (\$42.00 Monthly)

C. Andrea J. Bogard
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. Court Ave. Suite 207

City	State	Zip Code
Jeffersonville	IN	47130

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

Name of Employer	Occupation
A. Bogard Insurance Group	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80906

Amount of Each Receipt this Period

20.00

Payroll Deduction
 (\$20.00 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: (check only one)	PAGE 21 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James C. Bosier		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81276
Mailing Address 602 Main Street		Amount of Each Receipt this Period 85.00
City Cedar Falls	State IA	Zip Code 50613
FEC ID number of contributing federal political committee. C	Name of Employer The Accel Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Victoria J. Braden		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80923
Mailing Address 5726 Fairley Hall Court		Amount of Each Receipt this Period 250.00
City Norcross	State GA	Zip Code 30092
FEC ID number of contributing federal political committee. C	Name of Employer Braden Benefit Strategies, Inc	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
		Payroll Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) C. Jodie E. Braner		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81451
Mailing Address 3348 Peachtree Road, NE Tower 200		Amount of Each Receipt this Period 25.00
City Atlanta	State GA	Zip Code 30326
FEC ID number of contributing federal political committee. C	Name of Employer Hays Companies of Georgia	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
		Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 OF 174
(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. William J. Brannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Terrace Way, Suite B
 City Greensboro State NC Zip Code 27403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group US, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81614
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Emily Black Bremer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Bonhomme Ave., # 213
 City Saint Louis State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bremer Conley LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81560
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Donna L. Briggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 Holland Office Park # 417
 City Virginia Beach State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Employee Benefit Solutio Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81480
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 174
	<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. Sydney K. Briley
Full Name (Last, First, Middle Initial)
Mailing Address 605 E. Van Buren St.
City Broken Arrow State OK Zip Code 74011
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Benefit Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81031
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Joe Brining
Full Name (Last, First, Middle Initial)
Mailing Address 5718 E 101st Pl
City Tulsa State OK Zip Code 74137
FEC ID number of contributing federal political committee. **C**
Name of Employer Assurant Health Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81525
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

C. Eleanor M. Brockhurst
Full Name (Last, First, Middle Initial)
Mailing Address 1212 East Osborn Road, Suite 110
City Phoenix State AZ Zip Code 85014
FEC ID number of contributing federal political committee. **C**
Name of Employer Brockhurst & Associates, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81352
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**
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 24 OF 174
	<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. Belinda Brooks
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 460

City Luckey State OH Zip Code 43443

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

Name of Employer Unknown Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80762

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 4811 Gaillardia Parkway Suite 300

City Oklahoma City State OK Zip Code 73142

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

Name of Employer Maschino, Hudelson & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80893

Amount of Each Receipt this Period
20.00

Payroll Deduction
 (\$20.00 Monthly)

C. Madeleine Brown
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1490,

City Jackson State MS Zip Code 39215

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

Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81064

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 174
	<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. Michael O. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 620 N Robinson Ste 201

City Oklahoma City State OK Zip Code 73102

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

Name of Employer Mike Brown Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81015

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. William L. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Four Corners Dr.

City Grand Junction State CO Zip Code 81503

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

Name of Employer William L. Brown Ins. Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80814

Amount of Each Receipt this Period 20.00

Payroll Deduction (\$20.00 Monthly)

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

Mailing Address 8156 E South Wadworth Blvd Ste 328

City Littleton State CO Zip Code 80128

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

Name of Employer The Benefit Team, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81368

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 26 OF 174
	<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. Anthony C Buechler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1203 Colonial Circle
 City State Zip Code
 Papillion NE 68046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Buechler Insurance Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81234
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Ronald S. Buffum
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 South Harris Street # 237
 City State Zip Code
 Round Rock TX 78664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Buffum Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81473
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Scott T. Buie
 Full Name (Last, First, Middle Initial)
 Mailing Address 6440 South Wasatch Blvd., #150
 City State Zip Code
 Salt Lake City UT 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Buie Insurance Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80848
 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: (check only one)	PAGE 27 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jennifer Bundy-Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80945
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Patrick Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burns Employee Benefits Insurance Ser Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81025
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Joseph W. Buyalos
 Full Name (Last, First, Middle Initial)
 Mailing Address 9713 Key West Ave, Suite 401
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Insurance Exchange, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81049
 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: (check only one)	PAGE 28 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Raymond F. Buza		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81466
Mailing Address 214 East Lakewood Road		Amount of Each Receipt this Period 30.00
City West Palm Beach	State FL	Zip Code 33405
FEC ID number of contributing federal political committee. C	Name of Employer Palm Beach Insurance Advisory Group,	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Tim Byrne		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15242-P80950
Mailing Address P O Box 8950		Amount of Each Receipt this Period 25.00
City Madison	State WI	Zip Code 53708
FEC ID number of contributing federal political committee. C	Name of Employer M3 Insurance, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
		Payroll Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) C. William V. Cable		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81271
Mailing Address 1770 Independence Court		Amount of Each Receipt this Period 30.00
City Vestavia	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C	Name of Employer Alternative Insurance Resources	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		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: (check only one)	PAGE 29 OF 174
	<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. Kareim R. Cade
 Full Name (Last, First, Middle Initial)
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Lakes Benefit Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80812
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. David A. Cagliola
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Liberty Ridge Drive, Suite 3
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radnor Benefits Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81010
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Julianne Canter
 Full Name (Last, First, Middle Initial)
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warner Pacific Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81465
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lori Carter		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81243
Mailing Address 1937 Thomson Dr		Amount of Each Receipt this Period 35.00
City Lynchburg	State VA	Zip Code 24501
FEC ID number of contributing federal political committee. C	Name of Employer Piedmont Community Health Plan, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial) B. Louie L. Cason		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81606
Mailing Address PO Box 11229		Amount of Each Receipt this Period 85.00
City Columbia	State SC	Zip Code 29211
FEC ID number of contributing federal political committee. C	Name of Employer The Cason Group, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Lorelei G. Castellani		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81528
Mailing Address PO Box 905		Amount of Each Receipt this Period 25.00
City Branchville	State NJ	Zip Code 07826
FEC ID number of contributing federal political committee. C	Name of Employer Benefit Guidance Systems	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	Payroll Deduction (\$25.00 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 31 OF 174
	<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. Russell B. Childers
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1547

City State Zip Code
Americus GA 31709

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

Name of Employer Occupation
Russ Childers, CLU Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81136

Amount of Each Receipt this Period
90.00

Payroll Deduction
(\$90.00 Monthly)

B. Shelley A Chornak
Full Name (Last, First, Middle Initial)

Mailing Address 1801 East 9th Street, Suite 800

City State Zip Code
Cleveland OH 44114

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

Name of Employer Occupation
Strategic Employee Benefit Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81200

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 6084 South 900 East, Suite 102

City State Zip Code
Salt Lake City UT 84121

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

Name of Employer Occupation
Fringe Benefit Analysts Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81341

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 162.00

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 32 OF 174
	<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. Rita H. Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3342 Greystone Way
 City Valdosta State GA Zip Code 31605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer H&H Insurance Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81574
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Jeff Cloer
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 East Palmer Street
 City Franklin State NC Zip Code 28734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayah Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81594
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Richard P. Coburn
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Minor Court
 City San Rafael State CA Zip Code 94903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Word and Brown Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81166
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 174
	<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. Dorothy M. Cociu
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6677

City Fullerton State CA Zip Code 92834

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

Name of Employer: Advanced Benefit Consulting & Insuran
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt: **11 / 23 / 2013**
Transaction ID : 15244-P81249

Amount of Each Receipt this Period: **85.00**

Payroll Deduction: **(\$85.00 Monthly)**

B. Barry S. Cohn
Full Name (Last, First, Middle Initial)

Mailing Address 21515 Vanowen St Ste 200

City Canoga Park State CA Zip Code 91303

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

Name of Employer: RGEB
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **11 / 23 / 2013**
Transaction ID : 15244-P81562

Amount of Each Receipt this Period: **30.00**

Payroll Deduction: **(\$30.00 Monthly)**

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

Mailing Address 29 Olde Gate Court

City Pooler State GA Zip Code 31322

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

Name of Employer: Coley Benefit Services, Inc
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **366.00**

Date of Receipt: **11 / 23 / 2013**
Transaction ID : 15242-P80711

Amount of Each Receipt this Period: **42.00**

Payroll Deduction: **(\$42.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **157.00**

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 OF 174
	<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. Kevin M. Conley
Full Name (Last, First, Middle Initial)

Mailing Address 8000 Bonhomme Ave Suite 213

City Clayton State MO Zip Code 63105

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

Name of Employer Bremer Conley LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81183

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 15800 Crabbs Branch Way #350

City Rockville State MD Zip Code 20855

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

Name of Employer Independent Benefit Services LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80926

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 109 Professional Park Dr Ste 103

City Mooresville State NC Zip Code 28117

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

Name of Employer Lake Norman Benefits, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81127

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00

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 35 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6428 Wilcot Ct.

City Johnston State IA Zip Code 50131

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

Name of Employer Marsh U.S. Consumer Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80800

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Catherine L. Cooper

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi State MI Zip Code 48375

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

Name of Employer Health Alliance Administrators Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81334

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Bob Copeland

Mailing Address 700 Larkspur Landing Circle, Suit

City Larkspur State CA Zip Code 94939

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

Name of Employer Copeland Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81354

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **212.00**

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 36 OF 174
	<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. Thomas F. Cottar
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 955

City Baytown State TX Zip Code 77522

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

Name of Employer United Major Medical, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **301.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81230**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 5000 Dearborn Cir. Ste 100

City Mount Laurel State NJ Zip Code 08054

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

Name of Employer Corporate Synergies Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81229**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 588 3 Mile Road NW Suite 101

City Grand Rapids State MI Zip Code 49544

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

Name of Employer Grotenhuis Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15242-P80753**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 174
	<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	<input type="checkbox"/> 17

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

A. Craig Thomas Currier
 Full Name (Last, First, Middle Initial)
 Mailing Address 11213 Davenport St. Ste. 201
 City Omaha State NE Zip Code 68154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aon Risk Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81055
 Amount of Each Receipt this Period 20.83
 Payroll Deduction (\$20.83 Monthly)

B. Reed Damron
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, Suite 250
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HIRE Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81228
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Melissa Davies
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Sandhill Rd STE 310
 City Reno State NV Zip Code 89521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clark and Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81449
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 135.83
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 38 OF 174
	<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. Kelly Davis
Full Name (Last, First, Middle Initial)

Mailing Address 2965 Alt. 19 North

City State Zip Code
Palm Harbor FL 34683

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

Name of Employer Occupation
Alltrust Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013
Transaction ID : 15244-P81461

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Sandra H. Davis
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 148

City State Zip Code
Watson LA 70786

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

Name of Employer Occupation
Unknown Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013
Transaction ID : 15242-P80840

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Johnny Dawkins
Full Name (Last, First, Middle Initial)

Mailing Address 921-C S. McPherson Church Road

City State Zip Code
Fayetteville NC 28303

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

Name of Employer Occupation
Ebenconcepts Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1255.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013
Transaction ID : 15244-P81086

Amount of Each Receipt this Period
120.00

Payroll Deduction
(\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	192.00
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 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sandra Dealey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2720 Dupont Commerce Court Suite
 City Fort Wayne State IN Zip Code 46825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Distribution Solutions Occupation Regional Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80654
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Johnnie O. Debler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1102 E. Laurel St.
 City Rockport State TX Zip Code 78382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GSM Insurors Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81587
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Teresa F. DeBruin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway Suite 230
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DeBruin Benefit Services, Inc./ The L Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 637.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81240
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00
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 40 OF 174
	<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. Nathan Dee
Full Name (Last, First, Middle Initial)

Mailing Address 9900 Covington Cross Dr #210

City	State	Zip Code
Las Vegas	NV	89144

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

Name of Employer	Occupation
Business Benefits, Inc	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **341.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81050

Amount of Each Receipt this Period

31.00

Payroll Deduction
 (\$31.00 Monthly)

B. James Franklin Deese
Full Name (Last, First, Middle Initial)

Mailing Address 2811 Lenoir Drive

City	State	Zip Code
Greensboro	NC	27408

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

Name of Employer	Occupation
JBA Benefits	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81510

Amount of Each Receipt this Period

50.00

Payroll Deduction
 (\$50.00 Monthly)

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

Mailing Address 475 Fallbrook Blvd

City	State	Zip Code
Lincoln	NE	68521

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

Name of Employer	Occupation
Ameritas Life Insurance Group	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80819

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	111.00
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 41 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Al DeRuyter		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15242-P80897
Mailing Address 10201 Wayzata Blvd., Ste 135		Amount of Each Receipt this Period 30.00
City Hopkins	State MN	Zip Code 55305
FEC ID number of contributing federal political committee. C	Name of Employer DeRuyter Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Kathleen A Dibble		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81479
Mailing Address 835 Calle Compo		Amount of Each Receipt this Period 20.00
City Thousand Oaks	State CA	Zip Code 91360
FEC ID number of contributing federal political committee. C	Name of Employer Aetna	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
		Payroll Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) C. Rush David Dixon		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81260
Mailing Address 15200 Omega Drive, #100		Amount of Each Receipt this Period 85.00
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Name of Employer Early Cassidy and Schilling	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	
		Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 174
	<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. Russell R. Dixon
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 27
City Wheaton State IL Zip Code 60187
FEC ID number of contributing federal political committee. **C**
Name of Employer Colonial Life Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81508
Amount of Each Receipt this Period 27.00
Payroll Deduction (\$27.00 Monthly)

B. Claudia S. Dodge
Full Name (Last, First, Middle Initial)
Mailing Address 2108 W Laburnum Ave., # 300
City Richmond State VA Zip Code 23227
FEC ID number of contributing federal political committee. **C**
Name of Employer BB&T Benefit Consultants of Virginia Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81387
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Michael B. Dollins
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 12120
City Oklahoma City State OK Zip Code 73157
FEC ID number of contributing federal political committee. **C**
Name of Employer Dollins & Company, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80961
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00
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 43 OF 174
	<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. Cynthia H. Doucet
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Mondrian Way
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Global Financial Resources, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80759
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Joseph F. Dowd
 Full Name (Last, First, Middle Initial)
 Mailing Address 10000 Midlantic Dr. #301 West
 City Mt. Laurel State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kistler Tiffany Benefits Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81553
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Betty R. Doyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 SE 3rd, Suite A
 City Moore State OK Zip Code 73160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doyle-Crow & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80849
 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 44 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dana Drake
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 East Sherman Avenue
 City Coeur D Alene State ID Zip Code 83814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schedler Mack Insurance, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80878
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Sam Drysdale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 S National
 City Springfield State MO Zip Code 65810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81174
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Daniel T. Duffy
 Full Name (Last, First, Middle Initial)
 Mailing Address 462 S 4th Ave 19th Floor
 City Louisville State KY Zip Code 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Employee Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81293
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 45 OF 174
	<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. Keith M. Duhon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 80158
 City Lafayette State LA Zip Code 70598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Family Insurance Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80689
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Geoffrey R Duke
 Full Name (Last, First, Middle Initial)
 Mailing Address 9920 Kincey Ave Suite 120
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MPAY Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81616
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Tina Durand
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 61157
 City Corpus Christi State TX Zip Code 78466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heavin & Associates Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80843
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **114.00**
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 46 OF 174
	<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. Michael Dysart
Full Name (Last, First, Middle Initial)

Mailing Address 2815 Camino Del Rio South, Suite

City San Diego State CA Zip Code 92108

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

Name of Employer Healthcare Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81066

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

B. Eugene Ebersole
Full Name (Last, First, Middle Initial)

Mailing Address 639 Loyola Ave., Suite 2560

City New Orleans State LA Zip Code 70113

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

Name of Employer AonHewitt Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
976.67

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81289

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 112 South Liberty, # 221

City Jackson State TN Zip Code 38301

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

Name of Employer The Eblen Agency/A Division of IPSEO Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81563

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
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 47 OF 174
	<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. Wendy Ebner
Full Name (Last, First, Middle Initial)

Mailing Address 4 AAA Drive, Suite 205

City Hamilton State NJ Zip Code 08691

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

Name of Employer Savoy Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81033

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Jeanne A. Embry
Full Name (Last, First, Middle Initial)

Mailing Address 26240 Wacker Drive

City Chesterfield Twp. State MI Zip Code 48051

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

Name of Employer Comprehensive Benefit Solutions, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81116

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 26240 Wacker Dr.

City Chesterfield Twp. State MI Zip Code 48051

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

Name of Employer Comerica Insurance Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1680.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81505

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: (check only one)	PAGE 48 OF 174
	<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. Gregory Engle
Full Name (Last, First, Middle Initial)
Mailing Address 1151 Red Mile Road
City Lexington State KY Zip Code 40504
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Insurance Marketing Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81511
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

B. John G. Fagen
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 19
City Demotte State IN Zip Code 46310
FEC ID number of contributing federal political committee. **C**
Name of Employer Financial Arts Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **395.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81546
Amount of Each Receipt this Period **25.00**
Payroll Deduction (\$25.00 Monthly)

C. Nicole Fairbairn
Full Name (Last, First, Middle Initial)
Mailing Address 8069 Little Circle Road
City Noblesville State IN Zip Code 46060
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Insurance Concepts Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **505.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81478
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **97.00**
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 OF 174
	<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. Dominick Fanuele
Full Name (Last, First, Middle Initial)
Mailing Address 214 Little Falls Rd., 2nd Floor
City Fairfield State NJ Zip Code 07004
FEC ID number of contributing federal political committee. **C**
Name of Employer Fanuele Financial Group LLC Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81349
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Cheryl S. Farmer
Full Name (Last, First, Middle Initial)
Mailing Address 13800 Jackson Road
City Mishawaka State IN Zip Code 46544
FEC ID number of contributing federal political committee. **C**
Name of Employer Keystone Insurers Group Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81575
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

C. Jennifer Liane Farrell
Full Name (Last, First, Middle Initial)
Mailing Address 3800 North Central Avenue 9th Flo
City Phoenix State AZ Zip Code 85012
FEC ID number of contributing federal political committee. **C**
Name of Employer Black Gould & Associates Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **440.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81626
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 50 OF 174
	<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. Sam Fiorentino
Full Name (Last, First, Middle Initial)

Mailing Address 1931 Georgetown Rd., Suite 212

City Hudson	State OH	Zip Code 44236
----------------	-------------	-------------------

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

Name of Employer Sam Fiorentino & Associates	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81090

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 736 Johnson Ferry Road Building C

City Marietta	State GA	Zip Code 30068
------------------	-------------	-------------------

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

Name of Employer Purchasing Alliance Solutions, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81547

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Barry J. Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 7343 El Camino Real

City Atascadero	State CA	Zip Code 93422
--------------------	-------------	-------------------

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

Name of Employer Barry J. Fisher Insurance Marketing	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81144

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	212.00
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 51 OF 174
<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. Erin B. Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City Stamford State CT Zip Code 06902

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

Name of Employer Occupation
Find Medicare Plans Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
911.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81176

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B. Robert Mark Fitzgerald
Full Name (Last, First, Middle Initial)

Mailing Address 2842 Landing Way

City Marietta State GA Zip Code 30066

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

Name of Employer Occupation
Robert Fitzgerald Insurance Agency, I Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81459

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 712 IAA Drive

City Bloomington State IL Zip Code 61701

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

Name of Employer Occupation
Benefit Planning Associates, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81535

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	172.00
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 52 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Albert Fogle

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81283

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jeffrey M. Ford

Mailing Address P O Box 515

City Cloverdale State VA Zip Code 24077

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

Name of Employer JM Ford and Associates, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81350

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. H. Larry Fortenberry

Mailing Address PO Box 16566

City Jackson State MS Zip Code 39236

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

Name of Employer Executive Planning Group, P.A. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80692

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **114.00**

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 53 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Wesley Foster			Date of Receipt
Mailing Address 411 Copper Circle			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15244-P81312
Argyle	TX	76226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction	
BenefitMall TX	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christopher Free			Date of Receipt
Mailing Address 1423 E. 29th St. #210			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15244-P81403
Tacoma	WA	98404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction	
Rapport Benefits Group	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich			Date of Receipt
Mailing Address 4435 O Street			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15242-P80964
Lincoln	NE	68506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction	
UNICO Financial Services, Inc.	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="165.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 54 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kelly Don Fristoe		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80778
Mailing Address 807 8th Street, Suite 300		Amount of Each Receipt this Period 30.00
City Wichita Falls	State TX	Zip Code 76301
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Financial Partners	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.00	

Full Name (Last, First, Middle Initial) B. Bruce Frizen		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81233
Mailing Address 1706 Grayscroft Dr.		Amount of Each Receipt this Period 45.00
City Waxhaw	State NC	Zip Code 28173
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$45.00 Monthly)
Name of Employer Horizon Benefits Consultants, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Tyson Fuehrer		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81153
Mailing Address 412 Jefferson Parkway Suite 202		Amount of Each Receipt this Period 30.00
City Lake Oswego	State OR	Zip Code 97035
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Polestar Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Tyson Funk

Mailing Address 1600 Heritage Landing Ste 115

City Saint Charles	State MO	Zip Code 63303
-----------------------	-------------	-------------------

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

Name of Employer AFLAC	Occupation Broker
---------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81607

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 25B Hanover Rd., Suite 220

City Florham Park	State NJ	Zip Code 07932
----------------------	-------------	-------------------

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

Name of Employer Savoy Associates	Occupation Broker
--------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81579

Amount of Each Receipt this Period

50.00

Payroll Deduction
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joan L. Galletta

Mailing Address 3342 Kori Road

City Jacksonville	State FL	Zip Code 32257
----------------------	-------------	-------------------

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

Name of Employer JP Perry Insurance, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1060.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81034

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 174
	<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. Hollie Gandy
Full Name (Last, First, Middle Initial)

Mailing Address 2920 Duniven Circle, #2

City Amarillo State TX Zip Code 79109

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

Name of Employer Senior Solutions Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80688

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

B. James S. Garbina
Full Name (Last, First, Middle Initial)

Mailing Address 14010 FNB Pkwy Ste 300

City Omaha State NE Zip Code 68154

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

Name of Employer The Harry A. Koch Co Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80695

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 9424 Double R Blvd

City Reno State NV Zip Code 89521

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80794

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 57 OF 174
	<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. G. Russell Garner
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Murraywood Drive

City Columbia State SC Zip Code 29212

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

Name of Employer Unknown Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81630

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 19 Tarworth Terrace

City Manchester State NJ Zip Code 08759

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

Name of Employer Emerson, Reid & Co. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81519

Amount of Each Receipt this Period **100.00**

Payroll Deduction
(\$100.00 Monthly)

C. John P. Garven
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 8 11715 East Main Stre

City Huntley State IL Zip Code 60142

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

Name of Employer Benico, LTD Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81087

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **172.00**

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 58 OF 174
	<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. Jeffrey Wm. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd Ste 141, P
 City Glendale State AZ Zip Code 85310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Insurance Brokers, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81089
 Amount of Each Receipt this Period 78.00
 Payroll Deduction (\$78.00 Monthly)

B. Charles J. Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MetLife Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80723
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Michael Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Dutch Square Blvd., Suite 115
 City Columbia State SC Zip Code 29210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gibson & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81536
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	193.00
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 59 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Otis E. Gilmore
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 526
 City Homewood State IL Zip Code 60430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Management Resources Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **378.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81235
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. Richard R. Girdler
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Seaboard Lane, Suite C-170
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cowan Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81422
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Patrice S. Goldfarb
 Full Name (Last, First, Middle Initial)
 Mailing Address 442 Teaneck Rd.
 City Ridgefield Park State NJ Zip Code 07660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Employee Benefits Advisors Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **660.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81442
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	187.00
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 60 OF 174
	<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. Robert Hiram Goodman
Full Name (Last, First, Middle Initial)

Mailing Address 2121 First Avenue North, Suite 201

City Birmingham State AL Zip Code 35203

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

Name of Employer Occidental Benefits, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80821

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Jason Gootee
Full Name (Last, First, Middle Initial)

Mailing Address 601 W. 5th Avenue Suite 510

City Anchorage State AK Zip Code 99501

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

Name of Employer ODS Alaska Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81190

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Ryan P. Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Sweetbay Dr Ste 10

City Salisbury State MD Zip Code 21804

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81481

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 61 OF 174
	<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. Beverly Gossage
Full Name (Last, First, Middle Initial)
Mailing Address 9325 Evening Star Terr
City Eudora State KS Zip Code 66025
FEC ID number of contributing federal political committee. **C**
Name of Employer HSA Benefits Consulting Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81301
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Arthur Granado
Full Name (Last, First, Middle Initial)
Mailing Address 418 Peoples, # 505
City Corpus Christi State TX Zip Code 78401
FEC ID number of contributing federal political committee. **C**
Name of Employer The Granado Group Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80883
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Colleen J. Gransee
Full Name (Last, First, Middle Initial)
Mailing Address 1277 Deming Way
City Madison State WI Zip Code 53717
FEC ID number of contributing federal political committee. **C**
Name of Employer Dean Health Plan Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80815
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 62 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 233 South 13th Street, Suite 1650

City Lincoln	State NE	Zip Code 68508
-----------------	-------------	-------------------

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

Name of Employer The Harry A. Koch Co	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1065.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80854

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 1219 W. 2nd St.

City Grand Island	State NE	Zip Code 68801
----------------------	-------------	-------------------

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

Name of Employer Primark, Inc.	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81588

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 7412 Karl Drive Test

City Lincoln	State NE	Zip Code 68516
-----------------	-------------	-------------------

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

Name of Employer Senior Benefit Strategies	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80678

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: (check only one)	PAGE 63 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Craig Gussin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4330 La Jolla Village Dr.,# 330
 City San Diego State CA Zip Code 92122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auerbach & Gussin Insurance and Finan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1195.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81474
 Amount of Each Receipt this Period 95.00
 Payroll Deduction (\$95.00 Monthly)

B. Antonio Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 River Dance Dr.
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JBA Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81491
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Teresa Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 River Dance Dr.
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JBA Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81328
 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: (check only one)	PAGE 64 OF 174
	<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. David R. Gwin
Full Name (Last, First, Middle Initial)

Mailing Address I-20 At Alpine Rd. AV-100

City Columbia State SC Zip Code 29219

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

Name of Employer BlueCross BlueShield of SC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80682

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

B. Dwight Hall
Full Name (Last, First, Middle Initial)

Mailing Address 6107 Hazelwood Ave.

City Indianapolis State IN Zip Code 46228

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

Name of Employer D Hall & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81263

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

C. Joseph Lee Hannah
Full Name (Last, First, Middle Initial)

Mailing Address 9414 Indianfield Drive

City Mechanicsville State VA Zip Code 23116

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

Name of Employer CIGNA Healthcare Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81018

Amount of Each Receipt this Period
20.00

Payroll Deduction
 (\$20.00 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: (check only one)	PAGE 65 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Larry S. Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E. Warm Spring Rd, Suite 108
 City Las Vegas State NV Zip Code 89119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Healthcare Access Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.62

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81182
 Amount of Each Receipt this Period 30.42
 Payroll Deduction (\$30.42 Monthly)

B. Daniel R Hart
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 East Skelly Drive Suite 320
 City Tulsa State OK Zip Code 74135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Guardian Life Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81093
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Gerald G Hartman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5716
 City Boise State ID Zip Code 83705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Network America Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81530
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 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: (check only one)	PAGE 66 OF 174
	<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. Matthew F. Hatfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207 Springfield Avenue
 City Fort Wayne State IN Zip Code 46805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unknown Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81316
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40.00 Monthly)

B. Leesa Kay Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 812 Lyndon Lane Suite 101
 City Louisville State KY Zip Code 40222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Snowden & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80962
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Tom Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3198
 City Little Rock State AR Zip Code 72203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rebsamen Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81213
 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: (check only one)	PAGE 67 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Hedy S Hebert
Full Name (Last, First, Middle Initial)
Mailing Address 550 Boardwalk Blvd.
City Bossier City State LA Zip Code 71111
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Consulting Services Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81137
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Laura L. Hebert
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 18508
City Corpus Christi State TX Zip Code 78480
FEC ID number of contributing federal political committee. **C**
Name of Employer Hebert Insurance Group Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81108
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Debbie R. Hediger
Full Name (Last, First, Middle Initial)
Mailing Address 400 N Tampa St Suite 1900
City Tampa State FL Zip Code 33602-
FEC ID number of contributing federal political committee. **C**
Name of Employer Lykes Insurance Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 222.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80931
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 68 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Clarke D. Hedrick		Date of Receipt
Mailing Address 14 Pimlico Drive		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Commack	State NY	Zip Code 11725
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 15244-P81595
Name of Employer Pivotal Financial Services, Inc.		Amount of Each Receipt this Period
Occupation Broker		<input type="text" value="420.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	<input type="text" value="420.00"/>	(\$42.00 Monthly)

Full Name (Last, First, Middle Initial) B. Dan M. Heffley		Date of Receipt
Mailing Address PO Box 50031		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Henderson	State NV	Zip Code 89016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 15244-P81021
Name of Employer Employer Benefit Source, Inc.		Amount of Each Receipt this Period
Occupation Broker		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	<input type="text" value="505.00"/>	(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. John Heinz		Date of Receipt
Mailing Address 2500 W. Higgins Rd., #1135		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Hoffman Estates	State IL	Zip Code 60169
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 15244-P81305
Name of Employer INSource Benefits Consultants		Amount of Each Receipt this Period
Occupation Broker		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	<input type="text" value="220.00"/>	(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="92.00"/>
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 69 OF 174
	<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. Karen E. Heller
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Champions
 City Lufkin State TX Zip Code 75901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Friesen-Strain Insurance Associates, Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80913
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Timothy J. Hendricks
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 S Eucalyptus Ave
 City Broken Arrow State OK Zip Code 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Planning Group Of OK Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80947
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

C. Thomas L. Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 19310 Sonoma Highway, #A
 City Sonoma State CA Zip Code 95476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RealCare Insurance Marketing, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81106
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Hepscher		Date of Receipt
Mailing Address 38176 Medical Center Avenue		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Zephyrhills	FL	33540
FEC ID number of contributing federal political committee.		Transaction ID : 15244-P81524
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
The Canadian Drugstore	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1060.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Caroline Hesselatine		Date of Receipt
Mailing Address 7272 Wurzbach Road, Suite 104		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78240
FEC ID number of contributing federal political committee.		Transaction ID : 15242-P80748
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll Deduction
ABC / Associated Benefit Consultants,	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$20.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Timothy K. Hicks		Date of Receipt
Mailing Address 7305 Hancock Village Dr. #333		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chesterfield	VA	23832
FEC ID number of contributing federal political committee.		Transaction ID : 15244-P81514
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction
Humana	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 OF 174
	<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. Joshua Hilgers
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Crestwood Blvd Suite 202

City	State	Zip Code
Irondale	AL	35210

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

Name of Employer	Occupation
Health Partners America	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81566

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

B. John H. Hinck
Full Name (Last, First, Middle Initial)

Mailing Address 211 McLaws Circle, Ste2

City	State	Zip Code
Williamsburg	VA	23185

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

Name of Employer	Occupation
Hinck Financial Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81436

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

C. Noel Hinman
Full Name (Last, First, Middle Initial)

Mailing Address 25 West 80th Place#280 PO Box 100

City	State	Zip Code
Merrillville	IN	46410

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

Name of Employer	Occupation
Professional Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81218

Amount of Each Receipt this Period

20.00

Payroll Deduction
 (\$20.00 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 72 OF 174
	<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. Scott W. Hinrichs
Full Name (Last, First, Middle Initial)

Mailing Address 7182 Liberty Centre Drive Suite Q

City West Chester	State OH	Zip Code 45069
----------------------	-------------	-------------------

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

Name of Employer L. A. Benefit Planning, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81426

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$20.00 Monthly)

B. James H Hissong
Full Name (Last, First, Middle Initial)

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 ▼
270.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15242-P80649

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 1233 Lincoln Mall, #100

City Lincoln	State NE	Zip Code 68508
-----------------	-------------	-------------------

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

Name of Employer Blue Cross and Blue Shield of Nebraska	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15242-P80769

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 73 OF 174
	<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. Robert V. Holland
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centralia General Agencies Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80740
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Jay Holloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 3060 Alpine Rd. Mail Code AX-405
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BlueChoice HealthPlan Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81523
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Al Hombroek
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Lumpkin St, Suite D
 City Lawrenceville State GA Zip Code 30046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multiple Benefits Corporation Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81383
 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 74 OF 174
	<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. Kymberly J. Hopwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Water Street, 7th Floor
 City Oakland State CA Zip Code 94607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dealey, Renton & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81167
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Michelle S. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2850 West Grand Boulevard
 City Detroit State MI Zip Code 48202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81223
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Julie Hulsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1626 S. Washington PO Box 32015
 City Amarillo State TX Zip Code 79120-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Professionals Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 18 / 2013
Transaction ID : 15234
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶ 492.00
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 75 OF 174
	<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. David L Hunt
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4824

City Jackson State MS Zip Code 39296

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

Name of Employer Occupation
Hunt Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15242-P80690

Amount of Each Receipt this Period
35.00

Payroll Deduction
(\$35.00 Monthly)

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

Mailing Address 3737 Sylvania Ave.

City Toledo State OH Zip Code 43623

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

Name of Employer Occupation
Medical Mutual of Ohio Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81270

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Jerry D. Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 5113 N. Executive Drive Suite 102

City Peoria State IL Zip Code 61614

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

Name of Employer Occupation
Jackson Financial Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81059

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 107.00

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 76 OF 174
	<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. Paul H. Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 311 Plantation Chase
City Sea Island State GA Zip Code 31561
FEC ID number of contributing federal political committee. **C**
Name of Employer Paul Jackson Ins. & Investments, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81180
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Leah-Anne Janway
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 20626
City Oklahoma City State OK Zip Code 73156
FEC ID number of contributing federal political committee. **C**
Name of Employer Bigbie, Hensley & Janway Insurance Ag Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80941
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. Deborah Jeffs
Full Name (Last, First, Middle Initial)
Mailing Address 3419 Via Lido #306
City Newport Beach State CA Zip Code 92663
FEC ID number of contributing federal political committee. **C**
Name of Employer Progressive Benefit Managers Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81582
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 77 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Julie A. Jennings		Date of Receipt
Mailing Address 500 Faunce Corner Rd Bldg 100, Su		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dartmouth	MA	02747
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 15244-P81545
Name of Employer	Occupation	Amount of Each Receipt this Period
Sylvia & Co. Ins. Agency, Inc.	Broker	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="935.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cerrina Jensen		Date of Receipt
Mailing Address 2520 Venture Oaks Way #240		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sacramento	CA	95833
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 15242-P80796
Name of Employer	Occupation	Amount of Each Receipt this Period
Armstrong & Associates	Broker	<input type="text" value="42.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>	(\$42.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt
Mailing Address 1482 Baron Court		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Stone Mountain	GA	30087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 15244-P81495
Name of Employer	Occupation	Amount of Each Receipt this Period
David S. Johnson Insurance	Broker	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2750.00"/>	(\$250.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="377.00"/>
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 78 OF 174
	<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. Suzanne K. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5955 Carnegie Blvd Suite 150
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Advisors of the Caro Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **962.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81371
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. Alan L. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Pump Road, #144
 City Richmond State VA Zip Code 23233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TPA Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81143
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Lawrence Kaczmarek
 Full Name (Last, First, Middle Initial)
 Mailing Address 2633 State Route 59, Suite B
 City Ravenna State OH Zip Code 44266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **341.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80823
 Amount of Each Receipt this Period **31.00**
 Payroll Deduction (\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	103.00
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 79 OF 174
	<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. T. Darlene Kaczmarek
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 345
 City Ravenna State OH Zip Code 44266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **341.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80747
 Amount of Each Receipt this Period **31.00**
 Payroll Deduction (\$31.00 Monthly)

B. Kristine M. Kassel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8631 S Priest Drive #101
 City Tempe State AZ Zip Code 85284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits By Design, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80948
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Jon Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Northpoint Glen Ct.
 City Herndon State VA Zip Code 20170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Medical Plans Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81096
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **103.00**
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 80 OF 174
	<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. George R. Keeling
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Drawer K-1630 507 Avenue G

City Levelland State TX Zip Code 79336

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

Name of Employer George R. Keeling Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80691

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. Dianne M. Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 7320 N La Cholla Blvd. Suite 154-

City Tucson State AZ Zip Code 85741

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

Name of Employer Sandbrook Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80846

Amount of Each Receipt this Period **50.00**

Payroll Deduction
(\$50.00 Monthly)

C. Roger J. Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 424 Lewis Hargett Circle Ste 100

City Lexington State KY Zip Code 40503

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

Name of Employer Northwestern Mutual Financial Network Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81286

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **177.00**

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 81 OF 174
	<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. Joseph A. Kelliher
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Sawyer Dr.
 City Salem State VA Zip Code 24153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelliher Insurance & Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81507
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Jean Marie Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 N. Starcrest Drive
 City Clearwater State FL Zip Code 33765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Iler Wall & Shonter Insurance Se Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81146
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Tamara P. Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 7740 N. 16th Street, #110
 City Phoenix State AZ Zip Code 85020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rogers Benefit Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1865.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81492
 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 82 OF 174
	<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	<input type="checkbox"/> 17

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

A. Dierdre Kennedy-Simington
Full Name (Last, First, Middle Initial)

Mailing Address 3452 East Foothill Blvd., #514

City Pasadena	State CA	Zip Code 91107
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FEC ID number of contributing federal political committee. **C**

Name of Employer Polenzani Benefits & Insurance Servic	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81447

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

B. Roy W. Kern
Full Name (Last, First, Middle Initial)

Mailing Address 3015 South Fort Avenue, Suite B

City Springfield	State MO	Zip Code 65807
---------------------	-------------	-------------------

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

Name of Employer Kern Insurance Services, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81088

Amount of Each Receipt this Period
25.00

Payroll Deduction
(\$25.00 Monthly)

C. Craig J. Kestran
Full Name (Last, First, Middle Initial)

Mailing Address 500 W. 36th Ave., Ste 300

City Anchorage	State AK	Zip Code 99503
-------------------	-------------	-------------------

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

Name of Employer Alaska USA Insurance Brokers	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81212

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	97.00
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 83 OF 174
	<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. Amber W. Khalil
Full Name (Last, First, Middle Initial)

Mailing Address 15 A Gamecock Avenue

City Charleston State SC Zip Code 29407

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

Name of Employer David Gilston Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15242-P80956**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 300 W Vine St Ste 1600

City Lexington State KY Zip Code 40507

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81410**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

c. Carolyn J. King
Full Name (Last, First, Middle Initial)

Mailing Address 6 Country Lane

City Sussex State NJ Zip Code 07461

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

Name of Employer New England Financial Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81282**

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 84 OF 174
	<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. Rhonda Kitter
Full Name (Last, First, Middle Initial)
Mailing Address 4003 Iowa Drive
City Anchorage State AK Zip Code 99517-
FEC ID number of contributing federal political committee. **C**
Name of Employer Public Education Health Trust Occupation Plan Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 19 / 2013
Transaction ID : 15238
Amount of Each Receipt this Period 365.00

B. Randy H. Klein
Full Name (Last, First, Middle Initial)
Mailing Address 3555 Reserve Commons Dr
City Medina State OH Zip Code 44256
FEC ID number of contributing federal political committee. **C**
Name of Employer Dorman Sciulli Advisors Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81084
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Lonnie Klene
Full Name (Last, First, Middle Initial)
Mailing Address 14339 Torrey Chase Blvd., Ste F
City Houston State TX Zip Code 77014
FEC ID number of contributing federal political committee. **C**
Name of Employer Core Benefits Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81482
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: (check only one)	PAGE 85 OF 174
	<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. T. Brian Knauer
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 340718
 City Tampa State FL Zip Code 33694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Insurance Brokers, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81378
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Valerie S. Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2429 North Avenue
 City Bridgeport State CT Zip Code 06604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ganim Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81591
 Amount of Each Receipt this Period 45.00
 Payroll Deduction (\$45.00 Monthly)

C. Linda Rose Koehler
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 Shelley Street
 City Livermore State CA Zip Code 94550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Herzog Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80921
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 86 OF 174
(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. Eric Kohlsdorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Ingersoll Ave Suite 200
 City Des Moines State IA Zip Code 50309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prisma Strategies Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80730
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

B. Mark Kolterman
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 426 341 North 6th Street
 City Seward State NE Zip Code 68434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kolterman Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81107
 Amount of Each Receipt this Period 35.00
 Payroll Deduction (\$35.00 Monthly)

C. Suzanne Kolterman
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 N. 6th Street PO Box 426
 City Seward State NE Zip Code 68434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kolterman Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80826
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ross W. Kraft
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 231
 City State Zip Code
 Rome NY 13442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brown & Brown, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 334.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81298
 Amount of Each Receipt this Period
 30.42
 Payroll Deduction
 (\$30.42 Monthly)

B. Mary B. Kramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2637 S. 158th Plaza #200
 City State Zip Code
 Omaha NE 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Holmes Murphy & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80890
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Douglas S. Kuiper
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Bay Circle Drive
 City State Zip Code
 Holland MI 49424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Unknown Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80738
 Amount of Each Receipt this Period
 20.00
 Payroll Deduction
 (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	92.42
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: (check only one)	PAGE 88 OF 174
	<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. Daniel C. LaBroad
Full Name (Last, First, Middle Initial)

Mailing Address 17304 Preston Road Suite 800

City Dallas	State TX	Zip Code 75252
----------------	-------------	-------------------

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

Name of Employer Ovation Health & Life Services, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81238

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 4283 Northlake Blvd

City Palm Beach Gardens	State FL	Zip Code 33410
----------------------------	-------------	-------------------

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

Name of Employer Celedinas Insurance Group	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81297

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 569 Clyde Ave. # 540 Suite 540

City Mountain View	State CA	Zip Code 94043
-----------------------	-------------	-------------------

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

Name of Employer Fallick Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15242-P80824

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 174
	<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. Andrew M. LaRocco
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, # 230
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The LaRocco Companies Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81225
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40.00 Monthly)

B. Jim Lawless
 Full Name (Last, First, Middle Initial)
 Mailing Address 989 Governors Ln Ste 350
 City Lexington State KY Zip Code 40513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Advisors Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81303
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Scott A. Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 12988 W. Paint Dr.
 City Boise State ID Zip Code 83713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott Leavitt Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81125
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 112.00
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 90 OF 174
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial) A. Emma Stacey Leigh		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81292
Mailing Address 600 TownPark Lane NW Suite LL-1000		Amount of Each Receipt this Period 50.00
City Kennesaw	State GA	Zip Code 30144
FEC ID number of contributing federal political committee. C	Name of Employer Alliant Health Plans, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) B. Lyle D. Leleux		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81551
Mailing Address PO Box 107 108 E. Texas Ave.		Amount of Each Receipt this Period 30.00
City Rayne	State LA	Zip Code 70578
FEC ID number of contributing federal political committee. C	Name of Employer Health Insurance Services	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Karen B. Leonard		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81399
Mailing Address 435 Washington Street PO Box 50		Amount of Each Receipt this Period 85.00
City Hackettstown	State NJ	Zip Code 07840
FEC ID number of contributing federal political committee. C	Name of Employer Leonard Financial Group, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carolyn S. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Howe Avenue #230
 City Sacramento State CA Zip Code 95825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits Done Right Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81273
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20.00 Monthly)

B. Brian W. Liechty
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 East Washington Street
 City Plymouth State IN Zip Code 46563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TCU Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81400
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Robert Lindsay
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Emerson Place
 City Davenport State IA Zip Code 52801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81404
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 174
	<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. Betty J. Lindstrom
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4026

City Felton State CA Zip Code 95018

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

Name of Employer Lindstrom Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81326**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 7100 North High Street Suite 201

City Worthington State OH Zip Code 43085

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

Name of Employer InsuranceLink Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81241**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Cathy Little
Full Name (Last, First, Middle Initial)

Mailing Address 1145 2nd Street #A-269

City Brentwood State CA Zip Code 94513

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

Name of Employer Essential Exchange Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15242-P80766**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20.00 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 93 OF 174
	<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. Juan R. Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 1851 E. First, #1100

City Santa Ana State CA Zip Code 92705

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

Name of Employer Kaiser Permanente Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81012

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 106 Oil Center Dr. Ste. 250

City Lafayette State LA Zip Code 70503

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

Name of Employer Insurance Resource Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81130

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

C. Douglas Lubenow
Full Name (Last, First, Middle Initial)

Mailing Address 214 West Main Street Suite 203

City Moorestown State NJ Zip Code 08057

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

Name of Employer Lubenow Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81468

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	169.00
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 94 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Maurice Lyons
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Madison Avenue, 4th Floor
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medical Link, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81583
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

B. Victoria A. Major-Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 540034
 City Lake Worth State FL Zip Code 33454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VMB Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80750
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Jim Malone
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 North Main Avenue Post Office
 City Fayetteville State TN Zip Code 37334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Malone Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81008
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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: (check only one)	PAGE 95 OF 174
	<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. Benji Marrs
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Red Mile Rd

City Lexington State KY Zip Code 40504

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81573

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 1027 S Pendleton Street Suite B-2

City Easley State SC Zip Code 29642

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80924

Amount of Each Receipt this Period
40.00

Payroll Deduction
 (\$40.00 Monthly)

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

Mailing Address 13815 Starhill Ct.

City Houston State TX Zip Code 77077

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

Name of Employer King Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80721

Amount of Each Receipt this Period
20.00

Payroll Deduction
 (\$20.00 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 96 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Phyllis Martinsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 West Boise Avenue, Suite 100
 City Boise State ID Zip Code 83706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Byron Hyatt Erstad & Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81164
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Matthew L. Masone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4061 Powder Mill Road, Ste 350
 City Beltsville State MD Zip Code 20705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurant Employee Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81035
 Amount of Each Receipt this Period 45.00
 Payroll Deduction (\$45.00 Monthly)

C. Donald L. Mathern
 Full Name (Last, First, Middle Initial)
 Mailing Address 7650 Cherrywood Drive
 City Boise State ID Zip Code 83704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Specialists Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81028
 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: (check only one)	PAGE 97 OF 174
	<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. Carol Matznick
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 38905

City Greensboro	State NC	Zip Code 27438
--------------------	-------------	-------------------

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

Name of Employer North Carolina AHU	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
414.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80810

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Michael E. Matznick
Full Name (Last, First, Middle Initial)
Mailing Address 3300 Battleground Ave., #320

City Greensboro	State NC	Zip Code 27410
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FEC ID number of contributing federal political committee. **C**

Name of Employer EbenConcepts Company	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81414

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

C. Lynn E McCarter
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 710571

City Santee	State CA	Zip Code 92072
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FEC ID number of contributing federal political committee. **C**

Name of Employer Unknown	Occupation Broker
-----------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81197

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$20.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Barbara A. McClaskey			Date of Receipt
Mailing Address 1965 Pine Street			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15244-P81391
Redding	CA	96001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction	
Barbara McClaskey Insurance Services	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John R. McConnaughey			Date of Receipt
Mailing Address PO Box 805			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15244-P81557
West Chester	OH	45071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction	
JRM & Associates Agency, Inc	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$42.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Randy L. McDaniel			Date of Receipt
Mailing Address 575 Chambers Road			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 15242-P80952
McDonough	GA	30253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction	
Unknown	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$42.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="462.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="114.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 174
	(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"/> 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. H. Luke McDermott
Full Name (Last, First, Middle Initial)

Mailing Address 883 West Baxter Drive

City South Jordan State UT Zip Code 84095

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

Name of Employer McDermott Company & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81205

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

B. Dwane C. McFerrin
Full Name (Last, First, Middle Initial)

Mailing Address 8420 West Dodge Road Suite 510

City Omaha State NE Zip Code 68114-

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

Name of Employer Senior Market Sales, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : 15231

Amount of Each Receipt this Period
100.00

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

Mailing Address 6510 Mesaverde Dr

City Lincoln State NE Zip Code 68510

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

Name of Employer Les McGerr & Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81517

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 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: (check only one)	PAGE 100 OF 174
	<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. Susan Marie McGinnis
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 East 101st, Suite H
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BenEx Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80891
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Ward McKalson
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 E Blanco Rd., Ste 103
 City Salinas State CA Zip Code 93901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Central Coast Insurance Servi Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81330
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Amie Nicole McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 9064 Boone Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80777
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
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 OF 174
(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)

Full Name (Last, First, Middle Initial)
A. Kenneth McLaughlin

Mailing Address 1001 Elm Street, Suite 301

City State Zip Code
 Manchester NH 03101

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

Name of Employer Occupation
 Granite Group Benefits, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 11 / 23 / 2013
Transaction ID : 15244-P81311

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Andrea McLoy

Mailing Address 5300 Orange Ave., Ste 208

City State Zip Code
 Cypress CA 90630

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

Name of Employer Occupation
 Robbins Financial & Insurance Service Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 11 / 23 / 2013
Transaction ID : 15244-P81381

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mary M. Mengason

Mailing Address 312 E. Main Street

City State Zip Code
 Salisbury MD 21802

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

Name of Employer Occupation
 Avery Hall Benefit Solutions, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 11 / 23 / 2013
Transaction ID : 15244-P81306

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: (check only one)	PAGE 102 OF 174
	<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. Norman Joseph Michaels
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Lily Pond La
 City State Zip Code
 Katonah NY 10536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michaels & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81009
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction
 (\$250.00 Monthly)

B. Jeffrey R. Miles
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Valley Brook Rd.
 City State Zip Code
 Nashville TN 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Miles Organization, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81576
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. Sara L. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2965 Colonnade Dr Ste 315
 City State Zip Code
 Roanoke VA 24018-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MPAY Inc Business Development Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80657
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

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: (check only one)	PAGE 103 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Glendae Mitchell

Mailing Address 736 Old Greenville Rd

City Fayetteville State GA Zip Code 30215

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

Name of Employer Benevestco, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15244-P81456

Amount of Each Receipt this Period
25.00

Payroll Deduction
 (\$25.00 Monthly)

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

Mailing Address 137 Executive Drive Suite D

City Madison State MS Zip Code 39110

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

Name of Employer Mobley Insurance Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80942

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

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

Mailing Address 137 Executive Dr. Suite D

City Madison State MS Zip Code 39110

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

Name of Employer Mobley Insurance Agency LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2013

Transaction ID : 15242-P80717

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 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 104 OF 174
	<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. Douglas F. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Ohio River Blvd
 City Pittsburgh State PA Zip Code 15202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seubert & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81622
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Julia T. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 9208 Clinton Anderson Drive NW
 City Albuquerque State NM Zip Code 87114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J. Moore Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81477
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Robert L. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1644 Plank Rd
 City Duncansville State PA Zip Code 16635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer L.R. Webber Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81158
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00
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 105 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wesley P. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 604
 City Darlington State SC Zip Code 29540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 23 / 2013
Transaction ID : 15242-P80908
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. David Mordo
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Kennedy Court
 City Middletown State NJ Zip Code 07748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Walsh Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 23 / 2013
Transaction ID : 15244-P81191
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Reine C. Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 NE Multnomah
 City Portland State OR Zip Code 97232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 23 / 2013
Transaction ID : 15244-P81040
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20.00 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 106 OF 174
	<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. Todd Morrow
Full Name (Last, First, Middle Initial)

Mailing Address 1173 Brittmore

City Houston State TX Zip Code 77043

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

Name of Employer Benefit Concepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81538

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

B. Joseph C. Moss
Full Name (Last, First, Middle Initial)

Mailing Address Benefit Solutions, Inc. 1 Park We

City Midlothian State VA Zip Code 23114

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

Name of Employer Benefit Solutions, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80749

Amount of Each Receipt this Period 20.00

Payroll Deduction (\$10.00 Monthly)

C. Blair Moulthrop
Full Name (Last, First, Middle Initial)

Mailing Address 701 North Madison Avenue

City Bay City State MI Zip Code 48708

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

Name of Employer Moulthrop-Clift, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81380

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 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: (check only one)	PAGE 107 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Glen W. Mulready		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81145
Mailing Address 5314 S. Yale Ave Suite 601		Amount of Each Receipt this Period 30.00
City Tulsa	State OK	Zip Code 74135
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Benefit Plan Strategies	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. David Munger		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81206
Mailing Address 3312 W. Magistrate Loop		Amount of Each Receipt this Period 30.00
City Hayden	State ID	Zip Code 83835
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Munger Insurance	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Ray M. Musser		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81464
Mailing Address 404 North Second Avenue, Suite E		Amount of Each Receipt this Period 85.00
City Upland	State CA	Zip Code 91786
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Ray Musser & Associates Insurance Ser	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

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 108 OF 174
	<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. Rita A. Musser
Full Name (Last, First, Middle Initial)
Mailing Address 3330 Thames Drive
City Fort Wayne State IN Zip Code 46815
FEC ID number of contributing federal political committee. **C**
Name of Employer Senior Insurance Solutions Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80813
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Amy D. Mutter
Full Name (Last, First, Middle Initial)
Mailing Address 15 South Jefferson Street
City Roanoke State VA Zip Code 24011
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefits Group, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 438.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81486
Amount of Each Receipt this Period 42.00
Payroll Deduction (\$42.00 Monthly)

C. Joshua D. Nace
Full Name (Last, First, Middle Initial)
Mailing Address 936 North 34th Street, Suite 208
City Seattle State WA Zip Code 98103
FEC ID number of contributing federal political committee. **C**
Name of Employer Dental Health Services Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80928
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
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 109 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Katrina A. Nash
 Full Name (Last, First, Middle Initial)
 Mailing Address 6812 Rivergate Lane
 City Oklahoma City State OK Zip Code 73132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80870
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Caren E. Neushwander
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Houbolt Rd, Ste 200
 City Joliet State IL Zip Code 60431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Insurance Service, Ltd Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81593
 Amount of Each Receipt this Period 10.00
 Payroll Deduction (\$10.00 Monthly)

C. Penny E. Nikel
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 S Main St., Ste 200
 City Longmont State CO Zip Code 80501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nikel Insurance Associates LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80817
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. B. Ronnell Ronnell Nolan		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80661
Mailing Address PO Box 65128		Amount of Each Receipt this Period 42.00
City Baton Rouge	State LA	Zip Code 70896
FEC ID number of contributing federal political committee. C	Name of Employer The Nolan Group	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) B. Michael A. Norris		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80700
Mailing Address PO Box 999 295 E Palmer Street		Amount of Each Receipt this Period 30.00
City Franklin	State NC	Zip Code 28744
FEC ID number of contributing federal political committee. C	Name of Employer Wayah Employee Benefits / EbenConcept	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Pamela Nygaard		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80658
Mailing Address 1014 4th St W		Amount of Each Receipt this Period 30.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 111 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Angela Oakes

Mailing Address 1323 Highway 2, Ste. 300

City	State	Zip Code
Sandpoint	ID	83864

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

Name of Employer	Occupation
Summit Insurance Resource Group	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80875

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Terri M. Olson

Mailing Address P. O. Box 21479

City	State	Zip Code
Keizer	OR	97307

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

Name of Employer	Occupation
Olson Insurance	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80852

Amount of Each Receipt this Period

50.00

Payroll Deduction
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mike Osborne

Mailing Address 1308 Woodmanor Dr,

City	State	Zip Code
Raleigh	NC	27614

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

Name of Employer	Occupation
Osborne Insurance Services, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81041

Amount of Each Receipt this Period

25.00

Payroll Deduction
 (\$25.00 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: (check only one)	PAGE 112 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Krista Palmer		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81138
Mailing Address 4851 LBJ FWY, Ste 100		Amount of Each Receipt this Period 30.00
City Dallas	State TX	Zip Code 75244
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer BenefitMall	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Papenfus		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81599
Mailing Address 32110 Agoura Road		Amount of Each Receipt this Period 30.00
City Westlake Village	State CA	Zip Code 91361
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Warner Pacific Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. John C. Parker		Date of Receipt 11 / 23 / 2013 Transaction ID : 15242-P80886
Mailing Address 47 Laurel Hill Drive		Amount of Each Receipt this Period 100.00
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100.00 Monthly)
Name of Employer Parker Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 174
	<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. Jesse A. Patton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associations Marketing Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3850.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81134
 Amount of Each Receipt this Period **350.00**
 Payroll Deduction **(\$350.00 Monthly)**

B. Jill L. Pedersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 16325 Boones Ferry Rd #204
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Benefit Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81518
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

C. Jennifer L. Pender
 Full Name (Last, First, Middle Initial)
 Mailing Address 1635 Mt. McKinley Drive
 City Grayson State GA Zip Code 30017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pender & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80694
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 174
	<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. Ross W. Pendergraft
 Full Name (Last, First, Middle Initial)
 Mailing Address 21600 Oxnard Street, 8th Floor
 City Woodland Hills State CA Zip Code 91367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USI Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81304
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Kenneth G. Penn
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 North St
 City Portsmouth State VA Zip Code 23704-2602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ChamberSolutions Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P80998
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Juna M. Penney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2091 Shepherdia Drive
 City Anchorage State AK Zip Code 99508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health & Services Alaska Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81168
 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: (check only one)	PAGE 115 OF 174
	<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. Carol C. Pennington
Full Name (Last, First, Middle Initial)

Mailing Address 4640 Woodbridge Drive

City Kenersville State NC Zip Code 27284

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

Name of Employer Pennington Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81375

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. William H. Pennington
Full Name (Last, First, Middle Initial)

Mailing Address 4640 Woodbridge Drive

City Kenersville State NC Zip Code 27284

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

Name of Employer Pennington Associates Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81409

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

C. Les Perlson
Full Name (Last, First, Middle Initial)

Mailing Address 250 Crossways Park Dr

City Woodbury State NY Zip Code 11797

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

Name of Employer CB Planning Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81216

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: (check only one)	PAGE 116 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Joshua Peterson

Mailing Address 501 N. Riverpoint Blvd. Ste. 403

City Spokane	State WA	Zip Code 99202
-----------------	-------------	-------------------

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

Name of Employer Western States Insurance	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81302

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Paige W. Phillips

Mailing Address 1434 Hwy 301

City Calera	State AL	Zip Code 35040
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FEC ID number of contributing federal political committee. **C**

Name of Employer Benefit Partners, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **739.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80887

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joseph E. Pittman

Mailing Address P O Box 24133

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer Creative Association Management	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81207

Amount of Each Receipt this Period
35.00

Payroll Deduction
(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 117 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Susan R. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address 32418 51st Avenue, SW
 City Federal Way State WA Zip Code 98023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insure NW Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80807
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

B. Tom G. Polenzani
 Full Name (Last, First, Middle Initial)
 Mailing Address 3452 E. Foothill Blvd. #514
 City Pasadena State CA Zip Code 91107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1870.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81470
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction (\$170.00 Monthly)

C. Robert P. Poli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Executive Boulevard, Suite 1
 City Rockville State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Marketing Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81405
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 174
	<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. Sandra Lee Powers-Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Benefits Northwest Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81272
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. D. Michael Pressley
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 139
 City Nashville State TN Zip Code 37202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P80844
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Rebecca L. Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 E Warm Springs Rd. Ste 340
 City Las Vegas State NV Zip Code 89119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81140
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 119 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kathy M. Rainwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 West Southwest Loop 323
 City Tyler State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Threlkeld & Company Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80827
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Jeff A. Ranf
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 W 33rd Ave Suite 210
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wallace Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 15241
 Amount of Each Receipt this Period **365.00**

C. Susan Maley Rash
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 West Laburnum Avenue, Suite
 City Richmond State VA Zip Code 23227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Benefit Consultants of Virginia, Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1870.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81497
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	620.00
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 120 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dennis J. Recker		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80776
Mailing Address 971 North Perry Street P.O. Box 2		Amount of Each Receipt this Period 30.00
City Ottawa	State OH	Zip Code 45875
FEC ID number of contributing federal political committee. C	Name of Employer Fawcett, Lammon, Recker & Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Michael S. Reddy		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81324
Mailing Address 13800 Jackson Road		Amount of Each Receipt this Period 85.00
City Mishawaka	State IN	Zip Code 46544
FEC ID number of contributing federal political committee. C	Name of Employer Keystone Insurers Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Joni Robin Reents		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81267
Mailing Address 5760 W. 120th Avenue Suite 260		Amount of Each Receipt this Period 42.00
City Broomfield	State CO	Zip Code 80020
FEC ID number of contributing federal political committee. C	Name of Employer Reents Insurance Agency	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
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 121 OF 174
	<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. Ruppert Reinstadler
Full Name (Last, First, Middle Initial)
Mailing Address 6443 SW Beaverton-Hillsdale Hwy S
City Portland State OR Zip Code 97221
FEC ID number of contributing federal political committee. **C**
Name of Employer Coordinated Resources Group Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81502
Amount of Each Receipt this Period **25.00**
Payroll Deduction (\$25.00 Monthly)

B. Barbara V. Rennard
Full Name (Last, First, Middle Initial)
Mailing Address 3001 Aloma Avenue, #116
City Winter Park State FL Zip Code 32792
FEC ID number of contributing federal political committee. **C**
Name of Employer Colonial Life Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **426.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81389
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

C. Patrick Reuszer
Full Name (Last, First, Middle Initial)
Mailing Address 312 Elm Sreet
City Cincinnati State OH Zip Code 45202
FEC ID number of contributing federal political committee. **C**
Name of Employer Assurant Employee Benfits Occupation Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **450.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81001
Amount of Each Receipt this Period **50.00**
Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **117.00**
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 122 OF 174
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. R Dane Rianhard		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81074
Mailing Address 1 E. Pratt St., Unit 902		Amount of Each Receipt this Period 95.00
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer TriBridge Partners, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

Full Name (Last, First, Middle Initial) B. Lori R. Rice		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81589
Mailing Address 1221 South Main Street Suite 208		Amount of Each Receipt this Period 30.00
City Boerne	State TX	Zip Code 78006
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Wells Fargo Insurance Services USA, I	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Russell Lee Rice		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81091
Mailing Address 8000 IH-10 West, # 715		Amount of Each Receipt this Period 30.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer AVESIS, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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 123 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ellen Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 5910
 City Shreveport State LA Zip Code 71135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kent Kent & Tingle Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81257
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Susan M. Rider
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 N Capital #400
 City Indianapolis State IN Zip Code 46202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gregory & Appel Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80959
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Robert L. Rifkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Stonewall Lane
 City Mamaroneck State NY Zip Code 10543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance & Financial Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81608
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 124 OF 174
	<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. Elizabeth E. Rios-Carl
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 Executive Blvd #205
 City El Paso State TX Zip Code 79902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unknown Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80731
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

B. John F. Rippinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 East Woodfield Rd. #110 E
 City Schaumburg State IL Zip Code 60173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rippinger Financial Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80892
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Michael A. Rivera
 Full Name (Last, First, Middle Initial)
 Mailing Address 12200 Northwest Frwy, Suite 662
 City Houston State TX Zip Code 77092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest General Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81052
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 174
	<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. Joseph K. Roberts
Full Name (Last, First, Middle Initial)

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

City Lincoln	State NE	Zip Code 68516
-----------------	-------------	-------------------

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

Name of Employer Midlands Financial Benefits	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80867

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Judith L. Robinson
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 10071

City Tyler	State TX	Zip Code 75711
---------------	-------------	-------------------

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

Name of Employer CFG Insurance	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80958

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 739 East Jackson Street

City Martinsville	State IN	Zip Code 46151
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FEC ID number of contributing federal political committee. **C**

Name of Employer NewDay! Marketing	Occupation Broker
---------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81415

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William T. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 E Palm Canyon Dr, Ste 110 -
 City State Zip Code
 Palm Springs CA 92264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Palm Canyon Insurance Agency Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80785
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

B. Mario Roiz
 Full Name (Last, First, Middle Initial)
 Mailing Address 10446 NW 31st Terrace
 City State Zip Code
 Miami FL 33172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HR Benefit Services, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81224
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Charla S. Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1299
 City State Zip Code
 Amarillo TX 79105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Upshaw Insurance Agency Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81396
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
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 127 OF 174
	<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. Mark Rose
Full Name (Last, First, Middle Initial)

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue	State WA	Zip Code 98007
------------------	-------------	-------------------

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

Name of Employer The Partners Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81526

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Joel Rosenblum
Full Name (Last, First, Middle Initial)

Mailing Address 230 Lipan Way

City Boulder	State CO	Zip Code 80303
-----------------	-------------	-------------------

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

Name of Employer Insurance for Asset Protection	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81068

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Eugene L. Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 16000 Ventura Blvd

City Encino	State CA	Zip Code 91436
----------------	-------------	-------------------

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

Name of Employer R & R Retirement and Insurance Servic	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80773

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
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 128 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Peter L. Rowe		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81367
Mailing Address PO. Box 22212		Amount of Each Receipt this Period 85.00
City Phoenix	State AZ	Zip Code 85028
FEC ID number of contributing federal political committee. C	Name of Employer Sunwest Benefits Consulting, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Donna M. Rudner		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81412
Mailing Address 4665 Ivygate Circle		Amount of Each Receipt this Period 30.00
City Smyrna	State GA	Zip Code 30080
FEC ID number of contributing federal political committee. C	Name of Employer Employer Relief, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Gene Ruecker		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81154
Mailing Address 7700 East Doheny Court Suite 200		Amount of Each Receipt this Period 20.00
City Anaheim	State CA	Zip Code 92808
FEC ID number of contributing federal political committee. C	Name of Employer Ruecker & Ruecker Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
		Payroll Deduction (\$20.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 174
	<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. Francis A. Ruggiero
Full Name (Last, First, Middle Initial)

Mailing Address 15 Kennedy Drive

City Budd Lake State NJ Zip Code 07828

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

Name of Employer Slattery GA a division of Bollinger Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81100

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 1A Spruce Hill Road

City Burlington State MA Zip Code 01803

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

Name of Employer BenefitsMart Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81114

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

C. Raymer M. Sale
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Premiere Parkway Suite 285

City Duluth State GA Zip Code 30097

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

Name of Employer E2E Benefits Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1830.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81398

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **285.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 174
	<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. Gregory J. Schell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Alliant Avenue
 City Louisville State KY Zip Code 40299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garrett-Stotz Company Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81493
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

B. Al C. Schiebel
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Sandy Springs Pl., # 300A
 City Atlanta State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schiebel & Associates, LLC dba Shopbe Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **495.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81082
 Amount of Each Receipt this Period **45.00**
 Payroll Deduction
 (\$45.00 Monthly)

c. Mel A. Schlesinger
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 21533
 City Winston Salem State NC Zip Code 27120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unknown Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1035.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81336
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 174
<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. Chad P. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Michelson Drive Suite 1150

City Irvine	State CA	Zip Code 92612
----------------	-------------	-------------------

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

Name of Employer Aflac	Occupation Broker
---------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81633

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

B. John E Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Sidco Drive, Suite 200

City Nashville	State TN	Zip Code 37204
-------------------	-------------	-------------------

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

Name of Employer Colonial Life	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80845

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 8 Granite Place, Suite 34

City Gaithersburg	State MD	Zip Code 20878
----------------------	-------------	-------------------

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

Name of Employer Blue Kamen Benefits, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81027

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 132 OF 174
	<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. Alan R. Schulman
Full Name (Last, First, Middle Initial)

Mailing Address 7361 Calhoun Place, Ste 550

City Derwood State MD Zip Code 20855

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

Name of Employer Insurance Benefits & Advisors Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81255

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Matt B. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 2950 Breckenridge Lane, Suite 8

City Louisville State KY Zip Code 40220

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

Name of Employer Schwartz Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81487

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Nicole Scott
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Northwest Pkwy

City San Antonio State TX Zip Code 78249

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

Name of Employer United Healthcare Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81217

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ronald E. Seibel		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81418
Mailing Address P. O. Box 317		Amount of Each Receipt this Period 300.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C	Name of Employer Advanced Benefits Solutions	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Gregory J. Seifert		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81430
Mailing Address PO Box 189 916 Main Street		Amount of Each Receipt this Period 170.00
City Vancouver	State WA	Zip Code 98666
FEC ID number of contributing federal political committee. C	Name of Employer Biggs Insurance Services	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1995.00	Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) C. Steven Selinsky		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81452
Mailing Address 28638 Oak Point Drive		Amount of Each Receipt this Period 42.00
City Farmington Hills	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. C	Name of Employer Unknown	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 553.00	Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
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 134 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Bruce J. Setlik		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80668
Mailing Address 17808 Harney St		Amount of Each Receipt this Period 30.00
City Omaha	State NE	Zip Code 68118-3500
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer American Community Mutual, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Daniel Severo		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81384
Mailing Address 231 Chestnut St. #410		Amount of Each Receipt this Period 30.00
City Meadville	State PA	Zip Code 16335
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer The DJB Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Annette Shaffer		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15242-P80859
Mailing Address 418 South Main Street		Amount of Each Receipt this Period 30.00
City Findlay	State OH	Zip Code 45840
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Group Benefit Consultants	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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: (check only one)	PAGE 135 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stuart Shapiro		Date of Receipt
Mailing Address PO Box 587		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wheeling	IL	60090
FEC ID number of contributing federal political committee.		Transaction ID : 15242-P80903
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	Payroll Deduction
United Healthcare/SecureHorizons	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	(\$20.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Douglas W Sheffer		Date of Receipt
Mailing Address 110 International Way		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Springfield	OR	97477
FEC ID number of contributing federal political committee.		Transaction ID : 15244-P81192
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	Payroll Deduction
PacificSource Health Plans	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald Sheffield		Date of Receipt
Mailing Address 7134 Market St Ste 10		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilmington	NC	28411
FEC ID number of contributing federal political committee.		Transaction ID : 15244-P81373
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	Payroll Deduction
A-Sheffield Insurance Agency, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Kenneth A. Sherlin		Date of Receipt 11 / 23 / 2013 Transaction ID : 15242-P80937
Mailing Address 8 First Street		Amount of Each Receipt this Period 42.00
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Sherlin Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) B. David M. Sherrill		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81280
Mailing Address 407 Centerpointe Circle, Suite 16		Amount of Each Receipt this Period 30.00
City Altamonte Springs	State FL	Zip Code 32701
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Sherrill Insurance Brokerage, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Sherrod		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81385
Mailing Address 5800 Granite Parkway Suite 700		Amount of Each Receipt this Period 30.00
City Plano	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer United Healthcare Group	Occupation Broker	
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).....▶	102.00
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 137 OF 174
	<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. Thomas E. Shores
 Full Name (Last, First, Middle Initial)
 Mailing Address 8596 W Bolsa Ct.
 City Boise State ID Zip Code 83709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer T.A. Shores Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81635
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. Thomas Siino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1126 Clifton Avenue
 City Clifton State NJ Zip Code 07013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Executive Benefits Group, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81196
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Michael John Simmang
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 E Austin St
 City Giddings State TX Zip Code 78942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Network of Texas Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81564
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**
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 138 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Anya Y. Simpson
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Newtown Road, Suite 5
 City Norfolk State VA Zip Code 23502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Plans, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81443
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. Douglas Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1277
 City Bloomington State IN Zip Code 47402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hoosier Dental Plans Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81416
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20.00 Monthly)

C. Patrick Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 6383
 City Mc Kinney State TX Zip Code 75071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Patrick Skinner & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81332
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 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: (check only one)	PAGE 139 OF 174
	<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. Roger W. Skinner
Full Name (Last, First, Middle Initial)

Mailing Address 5518 Hammock Glen Drive

City Indianapolis State IN Zip Code 46235

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

Name of Employer Specialized Benefit Plans Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **335.50**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80686

Amount of Each Receipt this Period **30.50**

Payroll Deduction (\$30.50 Monthly)

B. Frank J Smith
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1559

City Wheaton State IL Zip Code 60189

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

Name of Employer Business Insurance Underwriters, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81288

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

C. Gregory S. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2201 Woodlawn Road PO Box 370

City Lincoln State IL Zip Code 62656

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

Name of Employer R. W. Garrett Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81411

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **145.50**

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 140 OF 174
	<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. Kevin W. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 6000 Lake Forrest Drive Suite 107

City Sandy Springs	State GA	Zip Code 30328
-----------------------	-------------	-------------------

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

Name of Employer KSA Insurance Agency	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81133

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Patti Smith
Full Name (Last, First, Middle Initial)

Mailing Address 525 Kirkland Way

City Kirkland	State WA	Zip Code 98033
------------------	-------------	-------------------

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

Name of Employer P Smith Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15242-P80911

Amount of Each Receipt this Period

20.00

Payroll Deduction
 (\$20.00 Monthly)

C. Paul E. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 100 Queen Street

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

Name of Employer Paul E Smith Insurance, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1526.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81128

Amount of Each Receipt this Period

125.00

Payroll Deduction
 (\$125.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas E. Snell
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 818 310 N. Horner Blvd.
 City Sanford State NC Zip Code 27331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Services & Design, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81104
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Tamela L. Southan
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 W. Renner Rd., Ste 160
 City Richardson State TX Zip Code 75082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Solutions By Design Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81319
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. James Randall Southard
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 N. Greene St., 6th Floor
 City Greensboro State NC Zip Code 27401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wells Fargo Insurance Services USA, I Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81388
 Amount of Each Receipt this Period 65.00
 Payroll Deduction (\$65.00 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 142 OF 174
	<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. Richard Blake Spell
Full Name (Last, First, Middle Initial)
Mailing Address 3803 North Elm Street
City Greensboro State NC Zip Code 27455
FEC ID number of contributing federal political committee. **C**
Name of Employer United Healthcare Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81132
Amount of Each Receipt this Period 200.00
Payroll Deduction (\$20.00 Monthly)

B. Anne P. Sperling
Full Name (Last, First, Middle Initial)
Mailing Address 805 St. Michael's Drive
City Santa Fe State NM Zip Code 87505
FEC ID number of contributing federal political committee. **C**
Name of Employer Daniels Insurance Agency, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 670.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81294
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

C. William Craig Splawn
Full Name (Last, First, Middle Initial)
Mailing Address 800 Avenue C
City Katy State TX Zip Code 77493
FEC ID number of contributing federal political committee. **C**
Name of Employer Splawn & Associates Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15244-P81476
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 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: (check only one)	PAGE 143 OF 174
	<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. Michael Spleet
Full Name (Last, First, Middle Initial)

Mailing Address 2444 East Hill Rd.

City Grand Blanc State MI Zip Code 48439

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

Name of Employer Franklin Benefit Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80894

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Jackie L. Spragins
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1071

City Wichita Falls State TX Zip Code 76307

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

Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15242-P80871

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

C. Dustin Stacy
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81337

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: (check only one)	PAGE 144 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Zachary Stafford

Mailing Address 6421 Perkins Rd Bldg A # 2B

City Baton Rouge	State LA	Zip Code 70808-6200
---------------------	-------------	------------------------

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

Name of Employer Besselman & Little Agency, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81005

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Delvin L. Stahl

Mailing Address P.O. Box 388 807 S. Maltby Ave.

City Sutton	State NE	Zip Code 68979
----------------	-------------	-------------------

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

Name of Employer Insurance Plus, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80726

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Eugene Starks

Mailing Address 613 Crescent Circle Suite 201

City Ridgeland	State MS	Zip Code 39157
-------------------	-------------	-------------------

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

Name of Employer Benefit Administration Services, Ltd.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80699

Amount of Each Receipt this Period
120.00

Payroll Deduction
(\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	192.00
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 145 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Peter F. Stehr		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15242-P80783
Mailing Address 13636 Seward Street		Amount of Each Receipt this Period 30.00
City Omaha	State NE	Zip Code 68154
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Peter Stehr Insurance Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. James R. Stenger		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15242-P80816
Mailing Address 8926 Crown Colony Boulevard		Amount of Each Receipt this Period 170.00
City Fort Myers	State FL	Zip Code 33908
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer Unknown	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1995.00	

Full Name (Last, First, Middle Initial) C. Marilyn A. Stenger		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15242-P80714
Mailing Address 8926 Crown Colony Blvd		Amount of Each Receipt this Period 85.00
City Ft. Myers	State FL	Zip Code 33908
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer MVS Consulting	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2060.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James R. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Mansell Ct East Suite 400
 City Roswell State GA Zip Code 30076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80761
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Mary Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 2133 Luray Avenue
 City Cincinnati State OH Zip Code 45206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliance Benefit Group of Ohio Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81201
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20.00 Monthly)

C. Ames Stetzler
 Full Name (Last, First, Middle Initial)
 Mailing Address 12980 Metcalf Ave Ste 500
 City Overland Park State KS Zip Code 66213-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Resource Group, An HRH Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81006
 Amount of Each Receipt this Period 25.00
 Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 147 OF 174
	<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. Tiffany Stiller
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Canoga Avenue Suite 300

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer BenefitMall	Occupation Broker
---------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81078

Amount of Each Receipt this Period
25.00

Payroll Deduction
(\$25.00 Monthly)

B. Lisa Stincelli
Full Name (Last, First, Middle Initial)

Mailing Address 4844 N 300 W #100

City Provo	State UT	Zip Code 84604
---------------	-------------	-------------------

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

Name of Employer Aspen Cove Insurance	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81022

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Tiffany Stock
Full Name (Last, First, Middle Initial)

Mailing Address 3111 C St., Suite 500

City Anchorage	State AK	Zip Code 99503
-------------------	-------------	-------------------

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

Name of Employer Northrim Benefits Group	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81448

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: (check only one)	PAGE 148 OF 174
	<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	<input type="checkbox"/> 17

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

A. Julia Beckie Stockstill
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. San Augustine
 City State Zip Code
 Deer Park TX 77536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stockstill & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81250
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Ulrich S. Storz
 Full Name (Last, First, Middle Initial)
 Mailing Address 987 University Avenue, #14
 City State Zip Code
 Los Gatos CA 95032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Storz Insurance Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81148
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Rodney Stuart
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 East Carmel Drive Suite 110
 City State Zip Code
 Carmel IN 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Strategic Insurance Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80889
 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: (check only one)	PAGE 149 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ashley Sullivan		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81393
Mailing Address PO Box 99565		Amount of Each Receipt this Period 300.00
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C	Name of Employer Van Zandt Emrich and Cary	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. James F. Summers		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15242-P80719
Mailing Address 8420 West Dodge Road, 5th Floor		Amount of Each Receipt this Period 125.00
City Omaha	State NE	Zip Code 68114
FEC ID number of contributing federal political committee. C	Name of Employer Senior Market Sales, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
		Payroll Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial) C. William L. Sutherland		Date of Receipt MM / DD / YYYY 11 / 23 / 2013 Transaction ID : 15244-P81532
Mailing Address P.O Box 795008 131 Interpark Blvd.		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78279
FEC ID number of contributing federal political committee. C	Name of Employer Wortham Insurance & Risk Management	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
		Payroll Deduction (\$100.00 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 150 OF 174
	(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"/> 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. Tom Swayne
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 31029

City Charleston State SC Zip Code 29417

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

Name of Employer David M. Gilston Insurance Agency, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81455**

Amount of Each Receipt this Period **100.00**

Payroll Deduction
(\$100.00 Monthly)

B. Ryan R. Swinton
Full Name (Last, First, Middle Initial)

Mailing Address 7101 S. 82 St.

City Lincoln State NE Zip Code 68516

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

Name of Employer Midlands Financial Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81401**

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

C. Marsha Tellesbo-Kembel
Full Name (Last, First, Middle Initial)

Mailing Address 1001 4th Avenue, Suite 3200

City Seattle State WA Zip Code 98154

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

Name of Employer Tellesbo & Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1060.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : **15244-P81262**

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David J. Terpening
 Full Name (Last, First, Middle Initial)
 Mailing Address 22850 Crenshaw Blvd., # 206
 City Torrance State CA Zip Code 90505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Health Plans Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81080
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction **(\$85.00 Monthly)**

B. Harry P. Thal
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2137
 City Kernville State CA Zip Code 93238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harry P. Thal Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81621
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction **(\$85.00 Monthly)**

C. Ronald Thibodeaux
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Veterinarian Rd
 City Lafayette State LA Zip Code 70507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ronald J. Thibodeaux Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81117
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Jeffery C. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Reynolds Road
 City Jackson State MI Zip Code 49201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Small Business Association of Michigan Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80720
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Marc Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Center Street, Suite 1410
 City Little Rock State AR Zip Code 72201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stephens Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81102
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Ryan P. Thorn
 Full Name (Last, First, Middle Initial)
 Mailing Address 10342 South Springcrest Lane
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **515.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80857
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **112.00**
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 153 OF 174
	<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. Robert J. Tierney
Full Name (Last, First, Middle Initial)
Mailing Address 2113 West Parkstone Ct
City Meridian State ID Zip Code 83646
FEC ID number of contributing federal political committee. **C**
Name of Employer Tierney Consulting, Inc Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81189
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Helen M. Todd
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 56166
City Little Rock State AR Zip Code 72215
FEC ID number of contributing federal political committee. **C**
Name of Employer The Todd Agency, Inc Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81202
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. Margaret S. Tolbert
Full Name (Last, First, Middle Initial)
Mailing Address 6501 Peake Rd Bld 950
City Macon State GA Zip Code 31210
FEC ID number of contributing federal political committee. **C**
Name of Employer Tolbert & Associates Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81194
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 154 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Jennifer L. Toups		Date of Receipt 11 / 23 / 2013 Transaction ID : 15242-P80708
Mailing Address #1 Galleria Blvd, Suite 1224		Amount of Each Receipt this Period 85.00
City Metairie State LA Zip Code 70001	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Humana Occupation Broker	Aggregate Year-to-Date 935.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Janet Trautwein		Date of Receipt 11 / 23 / 2013 Transaction ID : 15242-P80792
Mailing Address 1212 New York Ave. NW, Ste 1100		Amount of Each Receipt this Period 170.00
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)
Name of Employer NAHU Occupation Broker	Aggregate Year-to-Date 1870.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Terrie L. Trevino		Date of Receipt 11 / 23 / 2013 Transaction ID : 15244-P81142
Mailing Address P O Box 7408		Amount of Each Receipt this Period 30.00
City Boise State ID Zip Code 83707	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Blue Cross of Idaho Occupation Broker	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 174
	<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. Alexis Tucker
Full Name (Last, First, Middle Initial)

Mailing Address 625 Elden Street, Suite 203

City Herndon State VA Zip Code 20191

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

Name of Employer Independent Benefit Services LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81219

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Catherine Van Zant
Full Name (Last, First, Middle Initial)

Mailing Address 5500 Euper Lane P.O. Box 3529

City Fort Smith State AR Zip Code 72913

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

Name of Employer Brown-Hiller-Clark & Associates, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80885

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Wendy Vanderwater Bratteli
Full Name (Last, First, Middle Initial)

Mailing Address 515 West Southwest Loop 323

City Tyler State TX Zip Code 75701

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

Name of Employer Threlkeld & Company Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81494

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**

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 156 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Venditto
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 New Road, #D
 City Linwood State NJ Zip Code 08221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hafetz & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81317
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Denise S. Villagran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 Santa Fe, #205
 City Corpus Christi State TX Zip Code 78404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Entrust, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81013
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Rand R. Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 12603 Southwest Freeway, Suite 620
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lone Star Health Plans, Ltd. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80684
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Doris Waller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1778 N. Plano Rd. Suite 310
 City Richardson State TX Zip Code 75081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pan-American Benefits Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80727
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Timothy P. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 417
 City Hampstead State NC Zip Code 28443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Insurance Systems Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80861
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Jessica F Waltman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Doyle Rd
 City Wayne State PA Zip Code 19087-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAHU Occupation VP, Policy and State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 955.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 15242-P80663
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
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 158 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 E. Camelback Road #569
 City Phoenix State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Emerging Benefits Consultants, LLC
 Occupation: Broker
 Receipt For: Primary General Other (specify)

Date of Receipt: 11 / 23 / 2013
Transaction ID : 15244-P81533
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

B. Stephen C. Warner
 Full Name (Last, First, Middle Initial)
 Mailing Address 16180 Hwy 7
 City Mtka State MN Zip Code 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Warner & Associates
 Occupation: Broker
 Receipt For: Primary General Other (specify)

Date of Receipt: 11 / 23 / 2013
Transaction ID : 15244-P81612
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C. John L. Warwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: John Warwick Insurance Services
 Occupation: Broker
 Receipt For: Primary General Other (specify)

Date of Receipt: 11 / 23 / 2013
Transaction ID : 15244-P81110
 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 159 OF 174 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lindsey Paige Waters Mailing Address 5311 Patterson Ave City Richmond State VA Zip Code 23226 FEC ID number of contributing federal political committee. C Name of Employer: First National Brokerage Corp. Occupation: Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	Date of Receipt: 11 / 23 / 2013 Transaction ID : 15242-P80705 Amount of Each Receipt this Period: 200.00 Payroll Deduction: (\$20.00 Monthly)
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Full Name (Last, First, Middle Initial) B. Robert Watkins Mailing Address 4205 Hillsboro Road, # 120 City Nashville State TN Zip Code 37215 FEC ID number of contributing federal political committee. C Name of Employer: Pancoast Benefits Occupation: Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	Date of Receipt: 11 / 23 / 2013 Transaction ID : 15244-P81313 Amount of Each Receipt this Period: 300.00 Payroll Deduction: (\$30.00 Monthly)
---	--

Full Name (Last, First, Middle Initial) C. Charles A. Webb Mailing Address 15 S. Jefferson Street City Roanoke State VA Zip Code 24011 FEC ID number of contributing federal political committee. C Name of Employer: Benefits Group, Inc. Occupation: Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1530.00	Date of Receipt: 11 / 23 / 2013 Transaction ID : 15244-P81285 Amount of Each Receipt this Period: 170.00 Payroll Deduction: (\$170.00 Monthly)
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SUBTOTAL of Receipts This Page (optional)..... ▶	220.00
TOTAL This Period (last page this line number only)..... ▶	(Empty field)

**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 160 OF 174
	<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. Dan Webb
Full Name (Last, First, Middle Initial)
Mailing Address 5251 Office Park Drive Suite 350

City Bakersfield	State CA	Zip Code 93309
---------------------	-------------	-------------------

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

Name of Employer The Webb Insurance Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1870.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15242-P80745

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Lynn Weirich
Full Name (Last, First, Middle Initial)
Mailing Address 400 North Loop 1604 East, Suite 1

City San Antonio	State TX	Zip Code 78232
---------------------	-------------	-------------------

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

Name of Employer Business Financial Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81237

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

C. Lynn Charles Wentworth
Full Name (Last, First, Middle Initial)
Mailing Address 137 Executive Drive Suite E

City Madison	State MS	Zip Code 39110
-----------------	-------------	-------------------

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

Name of Employer AFLAC	Occupation Broker
---------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 23 / 2013
Transaction ID : 15244-P81281

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 174
	<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. Charles L. Westmoreland
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Cloifview Drive
 City State Zip Code
 Brandon MS 39047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Forester Benefits Management, LLC Executive Regional Sales Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80660
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Cynthia Whaley
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 N. Washington Street Suite A
 City State Zip Code
 Easton MD 21601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avery Hall Benefit Solutions, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81016
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Robert H. White
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 S 29th W Place
 City State Zip Code
 Tulsa OK 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plan Benefit Analysts of Tulsa, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80904
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 162 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jimmie Whitmire
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Eighth Street
 City State Zip Code
 Wichita Falls TX 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Whitmire & Whitmire, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80877
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. David V. Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 River Vista Place
 City State Zip Code
 Twin Falls ID 83301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Magic Valley Insurance, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81469
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Trei Wild
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 Hearst Castle Way
 City State Zip Code
 Plano TX 75025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SeeChange Health Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81483
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	169.00
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 163 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. George Williams		Date of Receipt
Mailing Address 4109 Woodway Dr.		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Monroe	LA	71201
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 15242-P80907
Name of Employer	Occupation	Amount of Each Receipt this Period
Financial Planning Resources	Broker	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Leslie A. Williams		Date of Receipt
Mailing Address 1551 E. Cypress Ave., Ste. D		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Redding	CA	96002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 15242-P80912
Name of Employer	Occupation	Amount of Each Receipt this Period
Leslie A. Williams Insurance Services	Broker	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mike Williams		Date of Receipt
Mailing Address 10040 Regency Circle Ste. 345		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Omaha	NE	68114
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 15244-P81413
Name of Employer	Occupation	Amount of Each Receipt this Period
Williams Deras Associates, Inc	Broker	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="935.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 164 OF 174
	<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. Paula L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paula Wilson, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15242-P80879
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Thomas R. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boley Featherston Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81529
 Amount of Each Receipt this Period 55.00
 Payroll Deduction (\$55.00 Monthly)

C. Owen W. Wingate
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Professional Dr
 City Ponte Vedra Beach State FL Zip Code 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wingate Insurance Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 15244-P81209
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	182.00
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 165 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tammy Winn
 Full Name (Last, First, Middle Initial)
 Mailing Address 9811 S IH 35, Building 1 Suite 100
 City Austin State TX Zip Code 78744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SWBC Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80798
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Shelly K. Winson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1914
 City Chandler State AZ Zip Code 85244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer True Choice Benefits LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15244-P81568
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Harry G. Witsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1150 Glenwood Court
 City Vineland State NJ Zip Code 08361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 23 / 2013**
Transaction ID : 15242-P80746
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20.00 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 166 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dennis C. Woehler		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81320
Mailing Address 720 Drexel Dr.		Amount of Each Receipt this Period 30.00
City Evansville	State IN	Zip Code 47712
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Unknown	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Rosanne Wolfe		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81365
Mailing Address 4600 East Swans Nest Road		Amount of Each Receipt this Period 30.00
City Tucson	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Wolfe Insurance & Consultants, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. DianaLou Wolff		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 15244-P81092
Mailing Address 70 Maiden Lane 2nd Floor		Amount of Each Receipt this Period 30.00
City Kingston	State NY	Zip Code 12401
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Benefit Counseling Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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: (check only one)	PAGE 167 OF 174
	<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. Dennis E. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Chestnut Hills Pky

City Fort Wayne State IN Zip Code 46814

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

Name of Employer Employee Plans, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81322

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. Carol Wyckoff
Full Name (Last, First, Middle Initial)

Mailing Address 14856 Briggs Street

City Carlisle State IA Zip Code 50047

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

Name of Employer Marsh U.S. Consumer Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81554

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

C. Luann S. Yarberry
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Bermuda

City Wichita Falls State TX Zip Code 76308

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

Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 15244-P81362

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 168 OF 174
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. M. Zachary Zinser

Mailing Address 330 North Evergreen Road, Suite 6

City Louisville	State KY	Zip Code 40243
--------------------	-------------	-------------------

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

Name of Employer Zinser Benefit Service, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2013

Transaction ID : 15244-P81572

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	25566.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2013

Transaction ID : 15259

Amount of Each Disbursement this Period

283.36

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2013

Transaction ID : 15260

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. National Association of Health Underwriters

Mailing Address 2000 N. 14th Street
Ste. 450

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Administrative

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : 15256

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2391.31

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. National Association of Health Underwriters

Date of Disbursement

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

Mailing Address 2000 N. 14th Street
Ste. 450

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Administrative

001
Category/ Type

Transaction ID : 15257

Amount of Each Disbursement this Period

3	4	2	0	.	0	0
---	---	---	---	---	---	---

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Regions Bank

Date of Disbursement

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

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchant Fee

001
Category/ Type

Transaction ID : 15258

Amount of Each Disbursement this Period

1	2	0	5	.	8	6
---	---	---	---	---	---	---

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	6	2	5	.	8	6
---	---	---	---	---	---	---

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

7	0	1	7	.	1	7
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement
FL

011

Category/
Type

Candidate Name

ANN L WAGNER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

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

Transaction ID : 15230

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS (P)

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement
Nov 13 Lunch

011

Category/
Type

Candidate Name

LARRY D BUCSHON

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	3

Transaction ID : 15237

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
11/13 Dinner

011

Category/
Type

Candidate Name

CATHY MCMORRIS RODGERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

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

Transaction ID : 15226

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement FL

011

Candidate Name

S. BRETT HON. GUTHRIE

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

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

Transaction ID : 15229

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JOHN CARNEY FOR CONGRESS

Mailing Address PO BOX 2162

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement 11/13

011

Candidate Name

JOHN CHARLES JR CARNEY

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: DE District: 00

Date of Disbursement

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

Transaction ID : 15220

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. KEEP NICK RAHALL IN CONGRESS COMMITTEE

Mailing Address P O BOX 64

City BECKLEY State WV Zip Code 25801

Purpose of Disbursement 11/19

011

Candidate Name

NICK JOE II RAHALL

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WV District: 03

Date of Disbursement

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

Transaction ID : 15221

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

3	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
11/13

Candidate Name
KRISTI LYNN NOEM

Office Sought: House
 Senate
 President
State: SD District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : 15223

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KURT SCHRADER FOR CONGRESS (P)

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
Nov. 20 Breakfast

Candidate Name
KURT SCHRADER

Office Sought: House
 Senate
 President
State: AK District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2013

Transaction ID : 15236

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PAT ROBERTS FOR US SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
11/12 breakfast

Candidate Name
PAT ROBERTS

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : 15225

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement
FL

011

Candidate Name

MICHAEL RICHARD POMPEO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2013			

Transaction ID : 15228

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TIM BISHOP FOR CONGRESS

Mailing Address PO BOX 437

City FARMINGVILLE State NY Zip Code 11738

Purpose of Disbursement
11/21

011

Candidate Name

TIMOTHY BISHOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2013			

Transaction ID : 15222

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE (P)

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
Nov. event

011

Candidate Name

TIMOTHY SCOTT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

Transaction ID : 15235

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

15500.00
