04/15/2010 15:11

Image# 10990551290

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) 2000 14TH ST ADDRESS (number and street) Check if different than previously **ARLINGTON** ٧A 22201 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00283135 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 03 0 1 2010 03 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jennifer Murphy Type or Print Name of Treasurer Jennifer Murphy Electronically Filed by 04 15 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/99

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|----|---|-------------------------|--------------------------------|
| 6. | (a) Cash on Hand January 1 2010 Y Y Y | | 188966.64 |
| | (b) Cash on Hand at Begining of Reporting Period | 233112.91 | |
| | (c) Total Receipts (from Line 19) | 75782.07 | 175710.09 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 308894.98 | 364676.73 |
| | Total Disbursements (from Line 31) | 94528.08 | 150309.83 |
| F | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 214366.90 | 214366.90 |
| t | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| t | Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

01

3/99 FEC Form 3X (Rev. 06/2004)

2010

Write or Type Committee Name

Report Covering the Period:

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

From:

м м

COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 52006.70 93751.70 (i) Itemized (use Schedule A) 23772.17 81948.51 (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii) (b) Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees 13. All Loans Received 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other Political Committees

| 18. | Transfers from Non-Federal and Levin Funds |
|-----|--|
| | |

(Dividends, Interest, etc.)

| (a) Non-Federal Account |
|-------------------------|
| (from Schedule H3) |

| (h) | Lovin | Fundo | /from | Schedule | 니다 | |
|-----|-------|-------|---------|-----------|-----|--|
| (D) | Levin | runas | (HOIII) | Scriedule | HO) | |

⁽c) Total Transfer (add 18(a) and 18(b)).

| 19. | Total Receipts (add Lines 11(d), | | | |
|-----|------------------------------------|--|--|--|
| | 12, 13, 14, 15, 16, 17, and 18(c)) | | | |

17. Other Federal Receipts

| 01010.01 | |
|-----------|----------|
| 175700.21 | 75778.87 |
| 0.00 | 0.00 |
| 0.00 | 0.00 |
| 175700.21 | 75778.87 |
| 0.00 | 0.00 |
| 0.00 | 0.00 |
| 0.00 | 0.00 |
| 0.00 | 0.00 |
| 0.00 | 0.00 |
| 9.88 | 3.20 |

0.00

0.00

0.00

75782.07

75782.07

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3 1

2010

0.00

0.00

0.00

175710.09

175710.09

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 99

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----|---|-------------------------------|-----------------------------------|
| 1. | Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 140000 | 150100 |
| | Expenditures | 1468.08 | 4504.83 |
| | (c) Total Operating Expenditures | 1400.00 | 4504.00 |
| _ | (add 21(a)(i), (a)(ii) and (b)) | 1468.08 | 4504.83 |
| 2. | Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. | Contributions to | 0.00 | 0.00 |
| | Federal Candidates/Committeesand Other Political Committees | 93000.00 | 143800.00 |
| 1. | Independent Expenditure | | |
| | (use Schedule E) | 0.00 | 0.00 |
| ō. | Coordinated Expenditures Made by Party | | |
| | Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| 3. | Loan Repayments Made | 0.00 | 0.00 |
| _ | | 0.00 | 0.00 |
| | Loans Made Refunds of Contributions To: | 0.00 | 0.00 |
| ٥. | (a) Individuals/Persons Other | 60.00 | 2005.00 |
| | Than Political Committees | 60.00 | 2005.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | | |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds | | |
| | (add Lines 28(a), (b), and (c)) | 60.00 | 2005.00 |
| 9. | Other Disbursements | 0.00 | 0.00 |
| | | | |
| 0. | Federal Election Activity (2 U.S.C 431(20)) | | |
| | (a) Shared Federal Election Activity | | |
| | (from Schedule H6) | 0.00 | 0.00 |
| | (i) Federal Share | | |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely | | |
| | With Federal Funds | 0.00 | 0.00 |
| | (c) Total Federal Election Activity (add | | |
| | Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 1. | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 94528.08 | 150309.83 |
| | | | |
| | Total Foderal Dishurasments | | |
| 2. | Total Federal Disbursements | | |
| 2. | (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 99

| 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) | 75778.87 | 175700.21 |
| 4. Total Contribution Refunds (from Line 28(d)) | 60.00 | 2005.00 |
| Net Contributions (other than loans) (subtract Line 34 from Line 33) | 75718.87 | 173695.21 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1468.08 | 4504.83 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| Net Operating Expenditures (subtract Line 37 from Line 36) | 1468.08 | 4504.83 |

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| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 99 (check only one) X |
|---------|---|-----------------------------------|---|---|
| A C | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may le name and add | not be sold or used by any pers ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NATIONAL ASSOCIATION OF HEAL | TH UNDERW | RITERS PAC (HUPAC) | |
| ۸. | Full Name (Last, First, Middle Initial) Jerry Abels | | | Date of Receipt |
| | Mailing Address PO Box 3052 City | State | Zip Code | 0 3 1 7 2 0 1 0 Transaction ID: 9874 |
| | Palm Desert | CA | 92261-3052 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 200.00 |
| | Name of Employer J. Abels & Associates | Occupation Agent | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | 1 |
| _ 3. | Full Name (Last, First, Middle Initial) Sergio Acuna | | | Date of Receipt |
| | Mailing Address 1656 Bob Murphy Dr | | | 03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 9894-P32522 |
| | El Paso | TX | 79936-5206 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 85.00 Payroll Deduction |
| | Name of Employer Sergio Acuna Insurance | Occupation Agent | _ | - Payron Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| - :. | Full Name (Last, First, Middle Initial) Arlene A. Amis | | | Date of Receipt |
| | Mailing Address 204 S 86th PI | | | 03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Yakima | State WA | Zip Code 98908-1441 | Transaction ID: 9830-P31458 |
| | FEC ID number of contributing federal political committee. | C | 90900-1441 | Amount of Each Receipt this Period 300.00 |
| | Name of Employer Regence BlueShield | Occupation Sales Exe | | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | - ' | Year-to-Date ▼ 300.00 | (\$300.00 Annually) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 585.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|-------------------------------------|--|---|
| any information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | d Statements may he name and add | not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions |
| NATIONAL ASSOCIATION OF HEA | LTH UNDERV | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Kirk Andonian | | | Date of Receipt |
| Mailing Address 4423 Point Fosdick Dr NW Ste 306 | | | 03 / 22 / 2010 |
| City Gig Harbor | State WA | Zip Code 98335-1794 | Transaction ID: 9894-P32043 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 150.00 |
| Name of Employer Berg Andonian | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 235.00 | (\$150.00 Monthly) |
| Full Name (Last, First, Middle Initial) Elizabeth Ashmore | | | Date of Receipt |
| Mailing Address 6102 82nd St Ste 6 | | | 03 16 2010 |
| City | State | Zip Code | Transaction ID: 9839 |
| Lubbock | TX | 79424-0803 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Ashmore & Associates Insu- rance Agency | Occupation agent | 1 | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 850.00 | |
| Full Name (Last, First, Middle Initial) Elizabeth Ashmore | | | Date of Receipt |
| Mailing Address 6102 82nd St Ste 6 | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9893-P31633 |
| Lubbock | TX | 79424-0803 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 100.00 Payroll Deduction |
| Name of Employer Ashmore & Associates Insu- rance Agency Receipt For: | Occupation agent | n Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | Aggregate | 950.00 | (\$100.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | | | 750.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| r for commercial purposes, other than using th | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERWRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Kathryn A. Beals | | Date of Receipt |
| Mailing Address 5151 W River Rd | 7.01 | 03 16 2010 |
| City <u>Waunakee</u> | State Zip Code WI 53597-9523 | Transaction ID: 9849 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Dean Health Plan | Occupation Agent | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 545.00 | |
| Full Name (Last, First, Middle Initial) Kathryn A. Beals | | Date of Receipt |
| Mailing Address 5151 W River Rd | | 03 22 2010 |
| City | State Zip Code | Transaction ID: 9893-P31905 |
| Waunakee | WI 53597-9523 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 Payroll Deduction |
| Name of Employer Dean Health Plan | Occupation Agent | - Payron Deduction |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 630.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Bruce D. Benton | | Date of Receipt |
| Mailing Address 20161 Delita Dr | | 0 3 1 5 2 0 1 0 |
| City | State Zip Code | Transaction ID: 9821 |
| Woodland Hills FEC ID number of contributing federal political committee. | CA 91364-3521 | Amount of Each Receipt this Period 125.00 |
| Name of Employer Genesis SmithBenton Insur- ance & Finan | Occupation Agent | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 295.00 | Cap Conference 2010 |
| SURTOTAL of Receipts This Page (optional) | | 460.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|--|---|--|---|
| , | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERV | VRITERS PAC (HUPAC) | |
| | Full Name (Last, First, Middle Initial) Bruce D. Benton | | | Date of Receipt |
| | Mailing Address 20161 Delita Dr | | | 03 22 YYYY 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31766 |
| | Woodland Hills | CA | 91364-3521 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 170.00 |
| | Name of Employer Genesis SmithBenton Insur- ance & Finan | Occupation Agent | n | Payroll Deduction |
| | Receipt For: | , ' | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 465.00 | (\$170.00 Monthly) |
| - | Full Name (Last, First, Middle Initial) David A Berman | | | Date of Receipt |
| | Mailing Address 8805 Sawleaf Rd | 03 22 2010 | | |
| | City | State | Zip Code | Transaction ID: 9893-P31906 |
| | Indianapolis | IN | 46260-1534 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Neace Lukens Holding Comp- any, Inc. | Occupation agent | n | Payroll Deduction |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 255.00 | (\$85.00 Monthly) |
| _ | Full Name (Last, First, Middle Initial) Thomas Besselman | | | Date of Receipt |
| | Mailing Address 6421 Perkins Rd Bldg | 03 22 2010 | | |
| | City | State | Zip Code | Transaction ID: 9894-P32011 |
| | Baton Rouge | LA | 70808-6200 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Besselman & Little Agency | Occupation Agent | n | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | (\$250.00 Monthly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 505.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 99 (check only one) X 11a |
|---------|--|----------------------------------|---|---|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any persitress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | .TH UNDERV | VRITERS PAC (HUPAC) | |
| <u></u> | Full Name (Last, First, Middle Initial) Robert J Bishop | | | Date of Receipt |
| | Mailing Address 2785 E Desert Inn Rd | Ste 260 | | 03 / 22 / 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32042 |
| | Las Vegas | NV | 89121-3693 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer KIA Insurance | Occupation President | | Payroll Deduction |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 300.00 | (\$100.00 Monthly) |
| | Full Name (Last, First, Middle Initial) Brian S. Bodner | | | Date of Receipt |
| | Mailing Address 3 Leeland Ct | | | 0 3 1 6 Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 9844-P31480 |
| | New City | NY | 10956-4906 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer First National Administra- tors | Occupation Director of | n of Ancillary Operatio | Payroll Deduction |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1125.00 | (\$1000.00 Annually) |
| | Full Name (Last, First, Middle Initial) Jonathon F. Bone | | | Date of Receipt |
| | Mailing Address 1350 Treat Blvd Ste 4 | 70 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 9844-P31471 |
| | Walnut Creek | CA | 94597-2153 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Beere & Purves, Inc. | Occupation Principal | ١ | Payroll Deduction |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | (\$1000.00 Annually) |
| Г | | 1 | | 2100.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | for e | separate schedule(s) ach category of the illed Summary Page | FOR LINE NUMBER: PAGE 11 / 99 (check only one) X 11a |
|--|---|---|---|
| any information copied from such Reports and r for commercial purposes, other than using t | Statements may not be name and address of | sold or used by any perso any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | LTH UNDERWRITE | RS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) James C. Bosier | | | Date of Receipt |
| Mailing Address 6410 N Butler Rd | | | 03 / 22 / 2010 |
| City Cedar Falls | · | Code 613-9317 | Transaction ID: 9894-P32246 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Net Worth Advisors | Occupation Account Manag | er | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Dee Richard Broadbent | | | Date of Receipt |
| Mailing Address 40 W Cache Valley I | Blvd Ste 3A | | 03 16 2010 |
| City | · | Code | Transaction ID: 9844-P31475 |
| Logan | <u>UT 84</u> | 341-8450 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Broadbent Financial Servi- ces | Occupation Agent | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | -Date ▼ 1000.00 | (\$1000.00 Annually) |
| Full Name (Last, First, Middle Initial) Patrick Burns | l | | Date of Receipt |
| Mailing Address 5653 Maxwelton Rd | | | 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | • | Code | Transaction ID: 9894-P32504 |
| Oakland FEC ID number of contributing | | 618-2654 | Amount of Each Receipt this Period |
| federal political committee. | C | | 85.00 Payroll Deduction |
| Name of Employer Burns Employee Benefits Insurance Ser Receipt For: | Occupation Managing Mem Aggregate Year-to | | - ayron boddonon |
| Primary General Other (specify) ▼ | Aggregate rear-to | 380.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | | | 1170.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12/99 (check only one) | | | |
|---|-------------------------------------|---|---|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions | | | |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | | • • | | | | |
| Full Name (Last, First, Middle Initial) Joseph W. Buyalos | | | Date of Receipt | | | |
| | Mailing Address 9051 Major Smith Ln | | | | | |
| City | State | Zip Code | Transaction ID: 9894-P31944 | | | |
| Frederick FEC ID number of contributing federal political committee. | C | 21704-7831 | Amount of Each Receipt this Period 1085.00 | | | |
| Name of Employer The Insurance Exchange, Inc. | Occupation Agent | n | Payroll Deduction | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1255.00 | (\$85.00 Monthly) | | | |
| Full Name (Last, First, Middle Initial) Kareim R. Cade | | | Date of Receipt | | | |
| Mailing Address 1544 Pebble Beach | Dr | | 03 22 7 2010 | | | |
| City Pontiac | State MI | Zip Code 48340-1367 | Transaction ID: 9893-P31895 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 1007 | 85.00 | | | |
| Name of Employer Great Lakes Benefit Group | Occupation CEO | n | Payroll Deduction | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 380.00 | (\$85.00 Monthly) | | | |
| Full Name (Last, First, Middle Initial) Colleen Callahan | | | Date of Receipt | | | |
| Mailing Address 257 Blue Ridge Dr | | | 03 08 2010 | | | |
| City | State | Zip Code | Transaction ID: 9785 | | | |
| Martinez FEC ID number of contributing federal political committee. | CA | 94553-6001 | Amount of Each Receipt this Period 125.00 | | | |
| Name of Employer Colleen Callahan Insurance Services | Occupation Agent | n | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 325.00 | Cap Conference 2010 | | | |
| SUBTOTAL of Receipts This Page (optional | \ | | 1295.00 | | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|----------------------------------|---|---|
| (| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NATIONAL ASSOCIATION OF HEAL | TH UNDERV | WRITERS PAC (HUPAC) | |
| | Full Name (Last, First, Middle Initial) Colleen Callahan | | | Date of Receipt |
| | Mailing Address 257 Blue Ridge Dr City | State | Zip Code | 03 17 2010 |
| | Martinez | CA | 94553-6001 | Transaction ID: 9877-P31487 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 34330 0001 | 365.00 |
| | Name of Employer Colleen Callahan Insurance | Occupatio Agent | n | Payroll Deduction |
| | Services Receipt For: Primary General Other (specify) ▼ | , ' <u> </u> | e Year-to-Date ▼ 690.00 | (\$365.00 Annually) |
| _ | Full Name (Last, First, Middle Initial) Lorelei G. Castellani | | | Date of Receipt |
| | Mailing Address PO Box 2100 | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32508 |
| | Branchville | NJ | 07826-2100 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Benefit Guidance Systems | Occupatio Agent | | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| _ | Full Name (Last, First, Middle Initial) Alison M. Challacombe | | | Date of Receipt |
| | Mailing Address 20575 Woodside Ct | | | 03 / 22 / 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32249 |
| | Bend | OR | 97702-9528 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 115.00 |
| | Name of Employer LifeWise Health Plan of Oregon | , · | g Coordinator Large Gr | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 410.00 | (\$85.00 Monthly) |
| | SUBTOTAL of Receipts This Page (optional) . | | | 565.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14/99 (check only one) X |
|--|-------------------------|---|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and add | ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | | | |
| Russell B. Childers Mailing Address 402 Rawley Rd | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9893-P31896 |
| Americus | GA | 31719-2150 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Russ Childers, CLU | Occupation President | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | _+ + | Year-to-Date ▼ 380.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Dorothy M. Cociu | | | Date of Receipt |
| Mailing Address PO Box 1941 | | | 03 / 22 / Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9894-P32476 |
| Big Bear Lake | CA | 92315-1941 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Advanced Benefit Consulti- ng & Insuran | Occupation Agent | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ♥ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Teresa Conto | | | Date of Receipt |
| Mailing Address 145 Polaris Dr | | | 03 / 22 / Y Y Y Y Y Y Y |
| City Walkersville | State MD | Zip Code 21793-9123 | Transaction ID: 9893-P31608 |
| FEC ID number of contributing federal political committee. | C | 2118-02112 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Independent Benefit | Occupation Agent | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | , | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) . | | | 255.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | · A) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15/99 (check only one) |
|--|---|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF H | EALTH UNDERV | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Kimberly Cooke | | | Date of Receipt |
| Mailing Address 1173 Brittmoore F | 03 17 2010 | | |
| City | State | Zip Code | Transaction ID: 9877-P31490 |
| Houston FEC ID number of contributing federal political committee. | C | 77043-5003 | Amount of Each Receipt this Period 365.00 |
| Name of Employer Benefit Concepts | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 365.00 | (\$365.00 Annually) |
| Full Name (Last, First, Middle Initial) Bob Copeland | I | | Date of Receipt |
| Mailing Address 700 Larkspur Land | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City Larkspur | State CA | Zip Code | Transaction ID: 9894-P32037 |
| FEC ID number of contributing federal political committee. | C | 94939 | Amount of Each Receipt this Period |
| Name of Employer Copeland Insurance Servic- es | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 340.00 | (\$170.00 Monthly) |
| Full Name (Last, First, Middle Initial) Lori Crandall | | | Date of Receipt |
| Mailing Address 4328 E Clarendon | Ave | | 03 08 2010 |
| City Phoenix | State AZ | Zip Code 85018-5952 | Transaction ID: 9789 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 65010-5952 | 365.00 |
| Name of Employer Wick Pilcher Insurance | Occupation Vice Pres | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 900.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 99 (check only one) X |
|-----------|--|----------------------------------|---|---|
| A | ny information copied from such Reports and S for commercial purposes, other than using the | Etatements may a name and add | not be sold or used by any persoress of any political committee to | |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | | | |
| <u>/_</u> | Full Name (Last, First, Middle Initial) Reed Damron | | | Date of Receipt |
| | Mailing Address 4642 Riveredge Dr | | | 03 22 7 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P31971 |
| | <u>Duluth</u> | GA | 30096-2987 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer HIRE Benefits, Inc. | Occupation Agent | 1 | Payroll Deduction |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| | Full Name (Last, First, Middle Initial) Sandra H. Davis | | | Date of Receipt |
| | Mailing Address PO Box 243 | | | 03 04 7 7 7 7 |
| | City | State | Zip Code | Transaction ID: 9747 |
| | Watson | LA | 70786-0243 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer self | Occupation Office Ma | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 210.00 | |
| | Full Name (Last, First, Middle Initial) Sandra H. Davis | | | Date of Receipt |
| | Mailing Address PO Box 243 | | | 03 22 7 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31885 |
| | Watson | LA | 70786-0243 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer self | Occupation Office Ma | | Payroll Deduction |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary | | 240.00 | (\$30.00 Monthly) |
| _ | SUBTOTAL of Receipts This Page (optional) | ı | | 265.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17/99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE | | | |
| Full Name (Last, First, Middle Initial) Johnny Lee Dawkins | | | Date of Receipt |
| Mailing Address PO Box 53809 | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P31989 |
| Fayetteville FEC ID number of contributing federal political committee. | NC C | 28305-3809 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Ebenconcepts | Occupation Presiden | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Jill Walker Denton | | | Date of Receipt |
| Mailing Address 3500 Westgate Dr | | | 03 17 2010 |
| City Durham | State NC | Zip Code 27707-2567 | Transaction ID: 9871 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 21101-2301 | 365.00 |
| Name of Employer Aflac | Occupation Agent | n | |
| Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Tim DeRosa | | | Date of Receipt |
| Mailing Address 9900 Covington Cro | oss Dr Ste 210 | | 0 3 0 2 2 0 1 0 |
| City Las Vegas | State NV | Zip Code 89144-7053 | Transaction ID: 9739 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 03144 7000 | 125.00 |
| Name of Employer Business Benefits, Inc. | Occupation Agent | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 125.00 | Cap Conference 2010 |
| SUBTOTAL of Receipts This Page (optional | D | | 575.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perso e name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NATIONAL ASSOCIATION OF HEAL | TH UNDERWRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Tim DeRosa Mailing Address 9900 Covington Cross | Dr. Cto 210 | Date of Receipt |
| City | State Zip Code | 0 3 0 2 2 0 1 0 Transaction ID: 9740 |
| Las Vegas | NV 89144-7053 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Business Benefits, Inc. | Occupation Agent | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1125.00 | |
| Full Name (Last, First, Middle Initial) Rush David Dixon | 1 | Date of Receipt |
| Mailing Address 1375 Piccard Dr | | 03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 9824 |
| Rockville | MD 20850-4311 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 125.00 |
| Name of Employer Early Cassidy and Schilli- ng | Occupation VP of Employee Benefits | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | 00. (|
| Other (specify) | 465.00 | Cap Conference 2010 |
| Full Name (Last, First, Middle Initial) Rush David Dixon | 1 | Date of Receipt |
| Mailing Address 1375 Piccard Dr | | 03 / 22 / Y Y Y Y Y |
| City Rockville | State Zip Code MD 20850-4311 | Transaction ID: 9894-P32088 |
| FEC ID number of contributing | | Amount of Each Receipt this Period |
| federal political committee. | C | 170.00 Payroll Deduction |
| Name of Employer Early Cassidy and Schilli- ng | Occupation VP of Employee Benefits | - ajron boddonom |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ 635.00 | (\$170.00 Monthly) |
| Other (specify) ▼ | 033.00 | |
| SUBTOTAL of Receipts This Page (optional) . | ······ | 1295.00 |
| TOTAL This Period (last page this line number | r only) | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 99 (check only one) X |
|---|-----------------------|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | LTH UNDERV | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Steve H. Dodder | | | Date of Receipt |
| Mailing Address PO Box 2069 | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9893-P31660 |
| Monument | CO | 80132-2069 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Assurant Health | Occupatio Regional | n Sales Director | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Bill Eastin | | | Date of Receipt |
| Mailing Address 1504 Hackberry Ave | 03 / 15 / Y Y Y Y | | |
| City | State | Zip Code | Transaction ID: 9825 |
| Metairie FEC ID number of contributing federal political committee. | C | 70001-3318 | Amount of Each Receipt this Period |
| Name of Employer Arthur J. Gallagher Risk | Occupatio | n | |
| Arthur J. Gallagher Risk Management S | Agent | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 300.00 | Cap Conference 2010 |
| Full Name (Last, First, Middle Initial) Bill Eastin | | | Date of Receipt |
| Mailing Address 1504 Hackberry Ave | | | 03 17 YYYY 2010 |
| City | State | Zip Code | Transaction ID: 9872 |
| Metairie | LA | 70001-3318 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 365.00 |
| Name of Employer Arthur J. Gallagher Risk Management S | Occupatio Agent | _ | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| Other (specify) | | 665.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 600.00 |

| | OULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 99 (check only one) X |
|--------------------------|--|------------------------------|--|---|
| or for com | nation copied from such Reports and S imercial purposes, other than using the OF COMMITTEE (In Full) | Statements mage name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NATIO | ONAL ASSOCIATION OF HEAL | TH UNDERV | VRITERS PAC (HUPAC) | |
| | ame (Last, First, Middle Initial) e Ebersole | | | Date of Receipt |
| | Address 201 Evans Rd Bldg 3 | Ste 103A | | 03 22 2010 |
| City | | State | Zip Code | Transaction ID: 9894-P31963 |
| <u>Haral</u> | | LA | 70123-5230 | Amount of Each Receipt this Period |
| | O number of contributing political committee. | C | | 170.00 |
| Name Eberso | of Employer ble & Associates, In- | Occupatio Agent | n | Payroll Deduction |
| <u>c.</u> Receip | ot For: | , ' <u> </u> | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 33 13 | 340.00 | (\$170.00 Monthly) |
| | ame (Last, First, Middle Initial) | | | Date of Receipt |
| | Address 26240 Wacker Dr | | | 03 22 2010 |
| City | | State | Zip Code | Transaction ID: 9894-P32426 |
| New I | Baltimore | MI | 48051-3306 | Amount of Each Receipt this Period |
| | O number of contributing political committee. | C | | 85.00 |
| Name Comer es, Ind | of Employer ica Insurance Servic- | Occupatio VP - Gro | n up Benefits Division | Payroll Deduction |
| Receip | | Aggregate | Year-to-Date ▼ 380.00 | (\$85.00 Monthly) |
| | ame (Last, First, Middle Initial) | | | Data (David |
| Albert (Mailing | Address 2710 Redding Rd NE | | | Date of Receipt 0 3 1 6 2 0 1 0 |
| City | | State | Zip Code | Transaction ID: 9844-P31479 |
| Atlant | ta | GA | 30319-2908 | Amount of Each Receipt this Period |
| | O number of contributing political committee. | C | | 500.00 |
| Name Essen ns, LL | of Employer tial Benefit Solutio- | Occupatio Presiden | | Payroll Deduction |
| Receip | | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1150.00 | (\$500.00 Annually) |
| CURTOT | AL of Receipts This Page (optional) | | | 755.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|-------------|--|--|--|
| Any or f | y information copied from such Reports and or commercial purposes, other than using th | Statements may not be sold or used by any pe e name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| - I \ | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERWRITERS PAC (HUPAC) | |
| | Full Name (Last, First, Middle Initial) John G. Fagen | | Date of Receipt |
| • | Mailing Address PO Box 19 | | 03 / 22 / 2010 |
| | City | State Zip Code | Transaction ID: 9894-P32153 |
| | Demotte | IN 46310-0019 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 85.00 |
| | Name of Employer Financial Arts Inc. | Occupation Agent | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| | Full Name (Last, First, Middle Initial) Blair Farwell | | Date of Receipt |
| | Mailing Address 1388 Branden Ln | | 03 17 2010 |
| | City | State Zip Code | Transaction ID: 9877-P31504 |
| | Bartlett | IL 60103-8923 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 500.00 |
| • | Name of Employer Resource Brokerage LLC | Occupation Vice President | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | (\$500.00 Annually) |
| | Full Name (Last, First, Middle Initial) Randy Flem | | Date of Receipt |
| | Mailing Address 18016 W Spring Lake | Dr SE | 03 17 2010 |
| | City | State Zip Code | Transaction ID: 9877-P31492 |
| , | Renton | WA 98058-0608 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 365.00 |
| • | Name of Employer Pacific Underwriters Corp. | Occupation Agent | Payroll Deduction |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 515.00 | (\$365.00 Annually) |
| ei. | IPTOTAL of Possints This Poss (anticast) | | 950.00 |
| ا عا | JBTOTAL of Receipts This Page (optional). | | |

| SCHEDULE A (FEC ITEMIZED RECEIPT | , Osc separate | ory of the (check only one) |
|---|---|---|
| or for commercial purposes, other NAME OF COMMITTEE (In | r than using the name and address of any politic | sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Eva Jean Fomalont | | Date of Receipt |
| Mailing Address 8109 Ra City Albuquerque | State Zip Code NM 87120- | Transaction ID: 9841 Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | | 500.00 |
| Name of Employer Lovelace Health Plan Receipt For: Primary Gene Other (specify) ▼ | Occupation Mgr., Sales/Retention D Aggregate Year-to-Date | 500.00 |
| Full Name (Last, First, Middle Jonathan Frisch Mailing Address 1528 Wy | Initial) ndham Cv | Date of Receipt |
| City | State Zip Code | 0 3 1 8 2 0 1 0 Transaction ID: 9878-P31508 |
| Memphis | TN 38120-1426 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | Payroll Deduction |
| Name of Employer Zalowitz Frisch Benefits Group Receipt For: Primary Gene Other (specify) ▼ | Occupation Agent Aggregate Year-to-Date ▼ | (\$100.00 Annually) |
| Full Name (Last, First, Middle Kelly Don Fristoe | Initial) | Date of Receipt |
| Mailing Address 807 8th | St Ste 300 | 03 22 2010 |
| City | State Zip Code | Transaction ID: 9893-P31590 |
| Wichita Falls FEC ID number of contributing | TX 76301-3317 | Amount of Each Receipt this Period 30.00 |
| federal political committee. Name of Employer | Occupation | Payroll Deduction |
| Name of Employer Financial Partners | Agent | |
| Receipt For: Primary Gene Other (specify) ▼ | Aggregate Year-to-Date ▼ | 215.00 (\$30.00 Monthly) |
| SUBTOTAL of Receipts This F | age (optional) | 630.00 |

| ITI | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|------|--|--------------------------------|--|---|
| or f | r information copied from such Reports and S or commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDER\ | WRITERS PAC (HUPAC) | |
| ٠. | Full Name (Last, First, Middle Initial) William S. Gall | | | Date of Receipt |
| | Mailing Address 26 Briarwood Ln | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31902 |
| • | New Hartford | NY | 13413-2451 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer Northwestern Mutual Finan- cial Network | Occupation Financia | n I Representative | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 225.00 | (\$75.00 Monthly) |
| | Full Name (Last, First, Middle Initial) James S. Garbina | 1 | | Date of Receipt |
| | Mailing Address 16510 Summit Dr | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31917 |
| • | Omaha | NE | 68136-4038 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| • | Name of Employer Harry A. Koch Co. | Occupation Agent | on | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| | Full Name (Last, First, Middle Initial) Charles T. Gartlan | | | Date of Receipt |
| | Mailing Address 19 Tarworth Ter | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32226 |
| • | Manchester | NJ | 08759-6671 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Emerson, Reid & Co. | Occupation Agent | on | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | (\$100.00 Monthly) |
| | JBTOTAL of Receipts This Page (optional) | | | 260.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | ·) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 99 (check only one) |
|--|---------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may | y not be sold or used by any person | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | | • | |
| Full Name (Last, First, Middle Initial) Michele Gasparre | | | Date of Receipt |
| Mailing Address 8 Hanks Lane | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32147 |
| Brenster FEC ID number of contributing federal political committee. | C | 10509 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Michaels & Associates | Occupation | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Mark Gaunya | I | | Date of Receipt |
| Mailing Address 1 Griffin Brook Dr | | | 03 16 2010 |
| City Methuen | State MA | Zip Code 01844-1865 | Transaction ID: 9844-P31473 |
| FEC ID number of contributing federal political committee. | C | 01077 1000 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Borislow Insurance | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | _ , ' | Year-to-Date ▼ 1125.00 | (\$1000.00 Annually) |
| Full Name (Last, First, Middle Initial) Jeffrey Wm. Gennaro | | | Date of Receipt |
| Mailing Address 523 W Vista Ave | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32395 |
| Phoenix FEC ID number of contributing federal political committee. | AZ C | 85021-7257 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Capitol Insurance Brokers, Inc. | Occupation agent | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional | \ | | 1170.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 99 (check only one) X |
|---|---|---|---|
| ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Fall) | Statements may ne name and add | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | LTH UNDERW | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Julie Reno George Mailing Address 1691 Westbrook Plaz | D: | | Date of Receipt |
| City | State | Zip Code | 03 22 2010 |
| Winston Salem | NC NC | 27103-2993 | Transaction ID: 9894-P32020 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 35.00 |
| Name of Employer JBA Benefits, LLC | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 335.00 | (\$35.00 Monthly) |
| Full Name (Last, First, Middle Initial) Michael Gibson | | | Date of Receipt |
| Mailing Address 308 Beulah Ln | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32431 |
| Irmo | SC | 29063-9573 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 Payroll Deduction |
| Name of Employer Gibson & Associates | Occupation Agent | | — |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Willis H. Glaros | | | Date of Receipt |
| Mailing Address 9772 Rosewood Dr | | | 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9894-P32091 |
| Saint John FEC ID number of contributing federal political committee. | C | 46373-9035 | Amount of Each Receipt this Period 170.00 |
| Name of Employer Employer Benefit Systems | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | _ ' | e Year-to-Date ▼ 510.00 | (\$170.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | • | | 290.00 |

| SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 99 (check only one) X |
|---|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may the name and add | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | | | |
| Full Name (Last, First, Middle Initial) Donald W. Goldmann | | | Date of Receipt |
| Mailing Address 6615 E Kings Crown | n Rd | | 03 24 2010 |
| City | State | Zip Code | Transaction ID: 9896 |
| Orange | CA | 92869-4385 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Word & Brown | Occupation VP of Nat | i tional Sales | |
| Receipt For: | | Year-to-Date ▼ | |
| Primary General | ggrogato | 1 1 1 1 1 1 1 | 7 |
| Other (specify) ▼ | 0 0 | 2125.00 | |
| Full Name (Last, First, Middle Initial) Michael D. Gray | <u>'</u> | | Date of Receipt |
| Mailing Address 7305 Pioneers Blvd | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9893-P31894 |
| Lincoln | NE | 68506-7519 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 100.00 |
| Name of Employer The Harry A. Koch Company | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 425.00 | (\$100.00 Monthly) |
| Full Name (Last, First, Middle Initial) Patricia A Griffey | | | Date of Receipt |
| Mailing Address 56294 Primrose Cir | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9894-P32228 |
| <u>Elkhart</u> | IN | 46516-1509 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Page 1 Benefits, Inc. | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 255.00 | (\$85.00 Monthly) |
| | | | |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person gethe name and address of any political committee to seal the seal of the | n for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Erica H. Grimm | | Date of Receipt |
| Mailing Address HC 1 Box 586 | | 03 / 17 / 2010 |
| City <u>Bla</u> keslee | State Zip Code PA 18610-9310 | Transaction ID: 9877-P31505 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Keystone Insurers group | Occupation Sales | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | (\$365.00 Annually) |
| Full Name (Last, First, Middle Initial) Robert A Grundman | | Date of Receipt |
| Mailing Address 7412 Karl Dr | | 03 22 2010 |
| City | State Zip Code | Transaction ID: 9893-P31863 |
| Lincoln | NE 68516-4368 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer Senior Benefit Strategies | Occupation Agent | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | (\$40.00 Monthly) |
| Full Name (Last, First, Middle Initial) Cristy Russell Gupton | | Date of Receipt |
| Mailing Address 2138 Goodman La | ıke Rd | 03 22 7 2010 |
| City | State Zip Code | Transaction ID: 9894-P32437 |
| Morganton | NC 28655-7075 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 Payroll Deduction |
| Name of Employer Carolina First Associates | Occupation Broker | - ayron beduction |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (option | al) | 490.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate scheduli for each category of the Detailed Summary Page | e (Check only one) |
|---|--|--|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may not be sold or used by a | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | ALTH UNDERWRITERS PAC (HUPA | |
| Full Name (Last, First, Middle Initial) Antonio Gutierrez | | Date of Receipt |
| Mailing Address 12833 Riverdance | Dr | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Raleigh | State Zip Code NC 27613-7093 | Transaction ID: 9783 |
| FEC ID number of contributing federal political committee. | C 27013-7093 | Amount of Each Receipt this Period 150.00 |
| Name of Employer Integrated Benefit Soluti- ons, Inc. | Occupation Broker | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 210. | Cap Conference 2010 |
| Full Name (Last, First, Middle Initial) Antonio Gutierrez | | Date of Receipt |
| Mailing Address 12833 Riverdance | Dr | 03 / 22 / 2010 |
| City Raleigh | State Zip Code NC 27613-7093 | Transaction ID: 9894-P32438 |
| FEC ID number of contributing federal political committee. | C 27013-7093 | Amount of Each Receipt this Period 30.00 |
| Name of Employer Integrated Benefit Soluti- ons, Inc. | Occupation Broker | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 240. | 00 (\$30.00 Monthly) |
| Full Name (Last, First, Middle Initial) Teresa Gutierrez | | Date of Receipt |
| Mailing Address 12833 Riverdance | Dr | 0 3 0 5 2 0 1 0 |
| City Raleigh | State Zip Code NC 27613-7093 | Transaction ID: 9782 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 27013 7033 | 150.00 |
| Name of Employer IBS/White Bear Group | Occupation Agent | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | Cap Conference 2010 |
| SUBTOTAL of Receipts This Page (options | l(k | 330.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------------------|--|---|
| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NATIONAL ASSOCIATION OF HEALT | TH UNDERW | VRITERS PAC (HUPAC) | <u>-</u> |
| ۱. | Full Name (Last, First, Middle Initial) Teresa Gutierrez | | | Date of Receipt |
| | Mailing Address 12833 Riverdance Dr | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32440 |
| | Raleigh | NC | 27613-7093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 30.00 |
| | Name of Employer IBS/White Bear Group | Occupation Agent | n | Payroll Deduction |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | | 240.00 | (\$30.00 Monthly) |
| | Full Name (Last, First, Middle Initial) Anthony W. Halby | | | Date of Receipt |
| | Mailing Address 202 Providence Mine F | | | 03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 9894-P32086 |
| | Nevada City | CA | 95959-2945 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 235.00 Payroll Deduction |
| | Name of Employer Halby Insurance Agency | Occupation Agent | | — Taylon Boadonon |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 295.00 | (\$85.00 Monthly) |
| _ | Full Name (Last, First, Middle Initial) Christopher S. Harrison | 1 | | Date of Receipt |
| • | Mailing Address 415 Thorncliff Dr | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 9894-P32233 |
| | <u>Fayetteville</u> | NC | 28303-5221 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 410.00 |
| | Name of Employer Ebenconcepts Company | Occupation Presiden | | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1230.00 | (\$410.00 Monthly) |
| | SUBTOTAL of Receipts This Page (optional) | • | | 675.00 |

| SCHEDULE A (FEC FITEMIZED RECEIPTS | for each cat | te schedule(s) egory of the mmary Page FOR LINE NUMBER: PAGE 30 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|---|
| or for commercial purposes, other NAME OF COMMITTEE (In F | han using the name and address of any po | used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee. |
| Full Name (Last, First, Middle I Thomas M. Harte | | Date of Receipt |
| Mailing Address 11 Hills Fa | ron Rd. | 0 3 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Chester | State Zip Code NH 03036- | Transaction ID: 9846 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2000.00 |
| Name of Employer Landmark Benefits, Inc. | Occupation Agent | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 2000.00 |
| Full Name (Last, First, Middle I Timothy Hendricks | | Date of Receipt |
| Mailing Address 1605 S Eu | calyptus Ave | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State Zip Code | Transaction ID: 9893-P31675 |
| Broken Arrow | OK 74012-59 | 95 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Business Planning Group Of OK | Occupation Agent | Payroll Deduction |
| Receipt For: Primary Genera Other (specify) | Aggregate Year-to-Date | 300.00 (\$100.00 Monthly) |
| Full Name (Last, First, Middle I Joseph E. Henehan | nitial) | Date of Receipt |
| | gie Dr Ste 205 | 03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City San Bernardino | State Zip Code CA 92408-35 | Transaction ID: 9884-P31524 |
| FEC ID number of contributing federal political committee. | CA 92408-35 | 50 Amount of Each Receipt this Period 150.00 |
| Name of Employer The Henehan Company | Occupation Agent | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 235.00 (\$85.00 Bi-Weekly) |
| SUBTOTAL of Receipts This Pa | e (optional) | 2250.00 |

| | E A (FEC Form 3X RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 99 (check only one) |
|--|---|----------------------|---|---|
| Any information or for commercia | copied from such Reports and purposes, other than using | d Statements may | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF C | OMMITTEE (In Full) ASSOCIATION OF HEA | | • | , |
| Full Name (L Thomas L. He | ast, First, Middle Initial) | | | Date of Receipt |
| Mailing Addr | • | Ste A | | 03 22 2010 |
| City Sonoma | | State CA | Zip Code 95476-5454 | Transaction ID: 9894-P31999 Amount of Each Receipt this Period |
| FEC ID num | ber of contributing cal committee. | C | 30470-0404 | 85.00 |
| Name of Emp RealCare Ins ing, Inc. | oloyer surance Market- | Occupation Chief Exe | n ecutive Officer | Payroll Deduction |
| Receipt For: Primary Other (| y General specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (L Richard L Hill | ast, First, Middle Initial) | | | Date of Receipt |
| | ess 4435 O St | | | 03 22 7 2010 |
| City | | State NE | Zip Code | Transaction ID: 9893-P31629 |
| | ber of contributing cal committee. | C | 68510-1842 | Amount of Each Receipt this Period 85.00 |
| Name of Emp UNICO Fina Inc. | oloyer ncial Services, | Occupation Agent | n | Payroll Deduction |
| Receipt For: | y General specify) ▼ | Aggregate | e Year-to-Date ▼ 295.00 | (\$85.00 Monthly) |
| Full Name (L Dean M Hoffn | ast, First, Middle Initial) | | | Date of Receipt |
| Mailing Addre | | r | | 03 22 2010 |
| City Brookfield | | State WI | Zip Code 53045-4558 | Transaction ID: 9894-P32455 Amount of Each Receipt this Period |
| FEC ID num | ber of contributing all committee. | C | 33043 4330 | 85.00 |
| Name of Emportant National Coo | oloyer perativeRx | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary Other (| y General specify) ▼ | | Year-to-Date ▼ 380.00 | (\$85.00 Monthly) |
| SUBTOTAL of | Receipts This Page (optional |) | | 255.00 |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 99 (check only one) |
|-----------------|--|------------------------|---|---|
| Any in or for | nformation copied from such Reports and St commercial purposes, other than using the | atements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions |
| \ NA | AME OF COMMITTEE (In Full) ATIONAL ASSOCIATION OF HEALT | | | |
| | III Name (Last, First, Middle Initial) Hombroek | | | Date of Receipt |
| _ | ailing Address 30 Lumpkin St Ste D | | | 0 3 2 2 2 0 1 0 |
| Cit | | State GA | Zip Code | Transaction ID: 9894-P32022 |
| FE | awrenceville EC ID number of contributing deral political committee. | C | 30045-8410 | Amount of Each Receipt this Period 50.00 |
| Na Mu tio | ame of Employer ultiple Benefits Corpora- in | Occupation Agent | n | Payroll Deduction |
| | eceipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 275.00 | (\$50.00 Monthly) |
| | Ill Name (Last, First, Middle Initial) chelle S. Howard | | | Date of Receipt |
| Ma | ailing Address 2850 W Grand Blvd | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cit | ty etroit | State MI | Zip Code 48202-2643 | Transaction ID: 9894-P31951 Amount of Each Receipt this Period |
| FE | EC ID number of contributing deral political committee. | C | TOZUZ ZOTO | 30.00 |
| Na He | ame of Employer ealth Alliance Plan | Occupation Agent | n | Payroll Deduction |
| Re | eceipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 240.00 | (\$30.00 Monthly) |
| | III Name (Last, First, Middle Initial) odd D. Hudson | | | Date of Receipt |
| _ | ailing Address 17 Hunstman Drive | | | 03 17 2010 |
| Cit | | State | Zip Code | Transaction ID: 9877-P31500 |
| FE | Cilmington EC ID number of contributing deral political committee. | PA C | 19060 | Amount of Each Receipt this Period 365.00 |
| Na Hu | ame of Employer udson Insurance Group | Occupation Presiden | | Payroll Deduction |
| Re | eceipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ 365.00 | (\$365.00 Annually) |
| CIID. | TOTAL of Receipts This Page (optional) | | | 445.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 99 (check only one) X |
|--|-------------------------|---|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Robert S. Hurley | | | Date of Receipt |
| Mailing Address 9200 Purdy Ln | | | 03 / 17 / 2010 |
| City Granite Bay | State CA | Zip Code 95746-9653 | Transaction ID: 9877-P31499 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer EHealth Inc. | Occupation Vice Pres | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | (\$500.00 Annually) |
| Full Name (Last, First, Middle Initial) Joel K Jasper | . | | Date of Receipt |
| Mailing Address 360 Avalon Way | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State | Zip Code | Transaction ID: 9877-P31495 |
| Brandon FEC ID number of contributing federal political committee. | MS C | 39047-7565 | Amount of Each Receipt this Period 365.00 |
| Name of Employer MWG Benefits, Inc. | Occupation Agent | ١ | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | (\$365.00 Annually) |
| Full Name (Last, First, Middle Initial) Julia A. Jennings | 1 | | Date of Receipt |
| Mailing Address 2 Lady Slipper Ln | | | 03 22 2010 |
| City Marion | State MA | Zip Code 02738-1294 | Transaction ID: 9894-P32253 |
| FEC ID number of contributing federal political committee. | C | 02/30-1294 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Sylvia & Co. Ins. Agency, Inc. | Occupation Vice Pres | n sident, Employee Benef | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 405.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) . | | | 950.00 |

| SCHEDULE A (FEC | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 99 (check only one) X |
|--|---|---|---|
| or for commercial purposes, o | ther than using the name and ac In Full) | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NATIONAL ASSOCIA | TION OF HEALTH UNDER | WRITERS PAC (HUPAC) | |
| Full Name (Last, First, Mid Arthur C. Jetter | dle Initial) | | Date of Receipt |
| Mailing Address 13624 | 0 3 0 8 2 0 1 0 | | |
| City | State | Zip Code | Transaction ID: 9784 |
| <u>Omaha</u> | NE | 68154-3829 | Amount of Each Receipt this Period |
| FEC ID number of contributed federal political committee. | | | 5000.00 |
| Name of Employer Art Jetter & Company | Occupation FLMI, L | | |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregat Aggregat | e Year-to-Date ▼ 5000.00 | |
| Full Name (Last, First, Mid David S Johnson | ldle Initial) | | Date of Receipt |
| Mailing Address 1482 E | 03 / 22 / 2010 | | |
| City | State | Zip Code | Transaction ID: 9894-P32411 |
| Stone Mountain | GA | 30087-3037 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | uting C | | 10.00 |
| Name of Employer David S. Johnson Insuran | ce Occupation Agent | on | Payroll Deduction |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregat | e Year-to-Date ▼ 335.00 | (\$10.00 Monthly) |
| Full Name (Last, First, Mid Roger B. Jorgensen | dle Initial) | | Date of Receipt |
| Mailing Address 8220 (| M M / D D / Y Y Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z | | |
| City | State | Zip Code | Transaction ID: 9894-P32231 |
| Eden Prairie | MN | 55344-5387 | Amount of Each Receipt this Period |
| FEC ID number of contributed federal political committee. | | | 85.00 Payroll Deduction |
| Name of Employer Alliance Benefit Group | Occupation Vice Pre | on esident, Sales | r ayıdı Deduction |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregat Aggregat | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| SURTOTAL of Receipts This | s Page (optional) | | 5095.00 |

| | LE A (FEC Form 3X) RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 | |
|------------------------------------|---|---------------------|---|--|--|
| or for commerc | ial purposes, other than using t COMMITTEE (In Full) | he name and ad | dress of any political committee to | con for the purpose of soliciting contributions o solicit contributions from such committee. | |
| NATIONA | L ASSOCIATION OF HEA | LTH UNDER | WRITERS PAC (HUPAC) | | |
| Full Name (I Alan M. Kalis | Last, First, Middle Initial) | | | Date of Receipt | |
| Mailing Add | ress 7703 Dorcas St | 03 17 2010 | | | |
| City | aio. | State | Zip Code | Transaction ID: 9877-P31488 | |
| <u>Philadelph</u> | | PA | 19111-2824 | Amount of Each Receipt this Period | |
| | nber of contributing cal committee. | C | | 365.00 | |
| Name of Err Kalish Finar LLC | nployer ncial Services, | Payroll Deduction | | | |
| Receipt For | | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ 365.00 | | | (\$365.00 Annually) | |
| Full Name (I | Last, First, Middle Initial) | | | Date of Receipt | |
| Mailing Add | • | 03 17 2010 | | | |
| City | | State | Zip Code | Transaction ID: 9877-P31501 | |
| Newton | | NJ | 07860-5370 | Amount of Each Receipt this Period | |
| FEC ID num federal politi | nber of contributing cal committee. | C | | 365.00 | |
| Name of Employer BenefitMall | | Occupation New Bus | on siness Manager | Payroll Deduction | |
| Receipt Formal Primar Other | | Aggregate | e Year-to-Date ▼ 365.00 | (\$365.00 Annually) | |
| Full Name (I | Last, First, Middle Initial) | | | Date of Receipt | |
| Mailing Add | ress 8033 W Sunset Blvd | 0 3 1 5 2 0 1 0 | | | |
| City | | State | Zip Code | Transaction ID: 9830-P31467 | |
| Los Angel | es | CA | 90046-2401 | Amount of Each Receipt this Period | |
| | nber of contributing cal committee. | C | | 125.00 | |
| Name of Em Insurance N | nployer leighborhood | Occupation Presider | | Payroll Deduction | |
| Receipt Formal Prima Other | | Aggregate | e Year-to-Date ▼ 1125.00 | (\$125.00 Annually) | |
| CUPTOTAL | f Receipts This Page (optional) | | | 855.00 | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 99 (check only one) X |
|--|---------------------|---|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) George R Keeling | | | Date of Receipt |
| Mailing Address 1875 N Highway 385 | | | 03 22 7 2010 |
| City Levelland | State TX | Zip Code 79336-9493 | Transaction ID: 9893-P31871 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 7 3 3 3 3 7 3 3 | 85.00 |
| Name of Employer George R. Keeling Insuran- ce Agency | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) D. Keith Kennedy | 1 | | Date of Receipt |
| Mailing Address 359 Wisconsin Ave | 03 / 16 / Y Y Y Y Y | | |
| City | State | Zip Code | Transaction ID: 9855 |
| Long Beach FEC ID number of contributing federal political committee. | CA | 90814-2237 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Beaumarc Insurance Servic- es | Occupation CEO | ı | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 450.00 | |
| Full Name (Last, First, Middle Initial) Tamara P Kennedy | | | Date of Receipt |
| Mailing Address 9414 E Sera Brisa | 03 22 2010 | | |
| City | State | Zip Code | Transaction ID: 9894-P32030 |
| Scottsdale FEC ID number of contributing federal political committee. | C | 85255-6054 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Rogers Benefit Group, Inc. | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | T | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) . | • | | 520.00 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 99 (check only one) X |
|---|--------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) John Kiebler | | | Date of Receipt |
| Mailing Address 4168 Clearwater Way | , | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9877-P31506 |
| Lexington | KY | 40515-6021 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 365.00 |
| Name of Employer Humana | Occupatio CHC | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 365.00 | (\$365.00 Annually) |
| Full Name (Last, First, Middle Initial) Laurie J Kirkland | _ | | Date of Receipt |
| Mailing Address 6601 Glacier Ct | | | 03 / 22 / 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32208 |
| Yakima | WA | 98908-2382 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Conover Insurance, Inc. | Occupatio Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 295.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) William Kite | | | Date of Receipt |
| Mailing Address 1414 Franklin Rd SW | | | 03 / 15 / Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9820 |
| Roanoke | VA | 24016-5227 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer D & S Life Agency, Inc. | Occupatio Agent | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) . | • | | 1450.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | f | Jse separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|----------|--|--|--|---|
| An or | y information copied from such Reports and for commercial purposes, other than using the | Statements may not ne name and addres | t be sold or used by any pers s of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | LTH UNDERWRI | TERS PAC (HUPAC) | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Linda Rose Koehler | | | Date of Receipt |
| | Mailing Address 516 Shelley St | | | 03 22 7 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31854 |
| | Livermore | CA | 94550-2368 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Herzog Insurance Agency | Occupation Health Insur | ance Specialist | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | · · · · · · · · · · · · · · · · · · · | (\$85.00 Monthly) |
| | Full Name (Last, First, Middle Initial) Daniel C LaBroad | | | Date of Receipt |
| | Mailing Address 710 Farmers Market | Way | | 03 / 22 / Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 9894-P32367 |
| | <u>Dallas</u> | TX | 75201-8451 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Ovation Health & Life Ser- vices, Inc. | Occupation Agent | | Payroll Deduction |
| | Receipt For: Primary General Other (specify) | Aggregate Yea | ar-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| | Full Name (Last, First, Middle Initial) David Lansing | | | Date of Receipt |
| | Mailing Address 425 2nd St SE Ste 1 | 150 | | 03 22 7 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P31993 |
| | Cedar Rapids | IA | 52401-1818 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Benefit Solutions, Inc. | Occupation Agent | | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | ar-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Г | | | | 255.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|----------|---|---|---|---|
| An or | y information copied from such Reports and for commercial purposes, other than using th | Statements may e name and add | not be sold or used by any pers lress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | .TH UNDERW | /RITERS PAC (HUPAC) | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Karen B. Leonard | | | Date of Receipt |
| | Mailing Address 8 Shakespeare Rd | | | 03 / 22 / 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32515 |
| | Hackettstown | NJ | 07840-4707 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 85.00 |
| | Name of Employer Leonard Financial Group, | Occupation Agent | 1 | Payroll Deduction |
| | LLC Receipt For: | , ' | Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 7 iggi aguita | 255.00 | (\$85.00 Monthly) |
| | Full Name (Last, First, Middle Initial) David Levitz | | | Date of Receipt |
| | Mailing Address 3000 Lakeside Drive, | Suite 200 So | | 03 17 2010 |
| | City | State | Zip Code | Transaction ID: 9877-P31494 |
| | Bannockburn | <u> </u> | 60015 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer The Greater Chicago Group | Occupation Executive | vice President | Payroll Deduction |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 365.00 | (\$365.00 Annually) |
| | Full Name (Last, First, Middle Initial) Brian W. Liechty | | | Date of Receipt |
| | Mailing Address 120 E Washington St | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32115 |
| | Plymouth | IN | 46563-1744 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer KL Benefits | Occupation Benefits S | | Payroll Deduction |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 255.00 | (\$85.00 Monthly) |
| | | 1 | | 535.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 40 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee to ALTH UNDERWRITERS PAC (HUPAC) | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Juan R. Lopez Mailing Address 27 Banstead City Trabuco Canyon FEC ID number of contributing federal political committee. | State Zip Code CA 92679-3740 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer Kaiser Permanente Receipt For: Primary General Other (specify) ▼ | Occupation Manager Aggregate Year-to-Date 255.00 | Payroll Deduction (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Greg Loudon Mailing Address PO Box 196530 | | Date of Receipt 0 3 0 5 2 0 1 0 |
| City Anchorage FEC ID number of contributing federal political committee. | State Zip Code AK 99519-6530 C | Transaction ID: 9780 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Alaska USA Insurance Brokers Receipt For: Primary General Other (specify) ▼ | Occupation Agent Aggregate Year-to-Date 1000.00 | |
| Full Name (Last, First, Middle Initial) Greg Loudon Mailing Address PO Box 196530 | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Anchorage FEC ID number of contributing federal political committee. | State Zip Code AK 99519-6530 | Transaction ID: 9781 Amount of Each Receipt this Period 125.00 |
| Name of Employer Alaska USA Insurance Brokers Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Occupation Agent Aggregate Year-to-Date 1125.00 | Cap Conference 2010 |
| SUBTOTAL of Receipts This Page (optional | I) | 1210.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 99 (check only one) X |
|---|-----------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may he name and add | not be sold or used by any person of any political committee to | on for the purpose of soliciting contributions |
| NATIONAL ASSOCIATION OF HEA | LTH UNDERV | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Douglas Lubenow | | | Date of Receipt |
| Mailing Address 3 Fulton Dr | | | 03 / 22 / 2010 |
| City Mount Laurel | State NJ | Zip Code 08054-4510 | Transaction ID: 9893-P31677 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 180.00 |
| Name of Employer Lubenow Agency | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | _, | Year-to-Date ▼ 240.00 | (\$30.00 Monthly) |
| Full Name (Last, First, Middle Initial) Maurice Lyons | | | Date of Receipt |
| Mailing Address 301 Madison Ave FI | 4 | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32117 |
| New York FEC ID number of contributing federal political committee. | C | 10017-8103 | Amount of Each Receipt this Period 250.00 |
| Name of Employer The Medical Link, Inc. | Occupation President | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 590.00 | (\$250.00 Monthly) |
| Full Name (Last, First, Middle Initial) David George Maddock | | | Date of Receipt |
| Mailing Address 286 3rd Avenue Fi | | | 03 17 2010 |
| City | State | Zip Code | Transaction ID: 9877-P31497 |
| Fox Island | WA | 98333-9703 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 365.00 Payroll Deduction |
| Name of Employer Maddock & Associates | Occupation Agent | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 515.00 | (\$365.00 Annually) |
| SUBTOTAL of Receipts This Page (optional) | | | 795.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 99 (check only one) X |
|--|------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | he name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Jim Malone Mailing Address 124 Main Ave N | | | Date of Receipt |
| City Fayetteville | State TN | Zip Code 37334-3056 | 0 3 1 7 2 0 1 0 Transaction ID: 9873 |
| FEC ID number of contributing federal political committee. | C | 37334-3030 | Amount of Each Receipt this Period 365.00 |
| Name of Employer The Malone Company | Occupation Presiden | t | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Donald Marx Mailing Address 9083 Laurel Ridge Di | r | | Date of Receipt |
| | | 7:a Cada | 03 17 2010 |
| City Mount Dora | State FL | Zip Code 32757-9108 | Transaction ID: 9877-P31491 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 527.57.57.50 | 365.00 |
| Name of Employer AXA Advisors | Occupation Agent | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | (\$365.00 Annually) |
| Full Name (Last, First, Middle Initial) Matthew L. Masone | | | Date of Receipt |
| Mailing Address 367 Sheffield Rd | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32356 |
| Severna Park | MD | 21146-1647 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 505.00 Payroll Deduction |
| Name of Employer Lincoln Financial Group | Occupation Agent | _ | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 595.00 | (\$45.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | | | 1235.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| / | | | |
| Full Name (Last, First, Middle Initial) Michael E. Matznick | | | Date of Receipt |
| Mailing Address 3207 Cottingham Ct | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32373 |
| Greensboro | NC | 27410-8362 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer EbenConcepts Company | Occupation Agent | ı | Payroll Deduction |
| Receipt For: Primary General | , ' | Year-to-Date ▼ | |
| Other (specify) | | 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Daniel W. McMahon | | | Date of Receipt |
| Mailing Address 123 E 2nd Ave | | | 03 22 7 2010 |
| City | State | Zip Code | Transaction ID: 9894-P31984 |
| Spokane | WA | 99202-1525 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer Western States Jones & Mi- tchell | Occupation Benefits | | Payroll Deduction |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 300.00 | (\$50.00 Monthly) |
| Full Name (Last, First, Middle Initial) Travis S. Middleton | 1 | | Date of Receipt |
| Mailing Address 20610 Castle Bend Di | r | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32365 |
| Katy | TX | 77450-4909 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 100.00 |
| Name of Employer TradeMark Insurance Agency LLC | Occupation President | | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 300.00 | (\$100.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) . | | | 235.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and ad | dress of any political committee t | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| NATIONAL ASSOCIATION OF HEAL | I I UNDERI | WRITERS PAG (HUPAG) | |
| Full Name (Last, First, Middle Initial) Jeffrey R. Miles | | | Date of Receipt |
| Mailing Address 578 Washington Blvd | # 801 | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32109 |
| Marina del Rey | CA | 90292-5442 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 170.00 |
| Name of Employer The Miles Organization, Inc. | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 635.00 | (\$170.00 Monthly) |
| Full Name (Last, First, Middle Initial) Alan R Mitchell | | | Date of Receipt |
| Mailing Address 3205 Cuba Blvd | | | 03 / 07 / 9 9 10 |
| City | State | Zip Code | Transaction ID: 9876 |
| Monroe FEC ID number of contributing federal political committee. | C | 71201-2048 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Associated Resources Mana- gement, Inc. | Occupation Agent | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Gary Monteith | | | Date of Receipt |
| Mailing Address 736 Johnson Ferry Ro | t | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9894-P32123 |
| Marietta | GA | 30068-4379 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 375.00 Payroll Deduction |
| Name of Employer Purchasing Alliance Solut- ions, Inc. | _ ' | ales Vice President | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 395.00 | (\$10.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) . | | | 1045.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | Statements may not be sold or used by any perse name and address of any political committee to the UNDERWRITERS PAC (HUPAC) | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) David R. Moore Mailing Address 605 Truitt Dr City | State Zip Code | Date of Receipt 0 3 2 2 2 0 1 0 Transaction ID: 9893-P31851 |
| Elon FEC ID number of contributing federal political committee. | NC 27244-9262 | Amount of Each Receipt this Period 85.00 |
| Name of Employer David R. Moore, CLU & Associates Receipt For: Primary General Other (specify) ▼ | Occupation Agent Aggregate Year-to-Date ▼ 255.00 | Payroll Deduction (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) David Mordo Mailing Address 26 Kennedy Ct | | Date of Receipt 0 3 1 5 2 0 1 0 |
| City | State Zip Code | Transaction ID: 9830-P31454 |
| Middletown | NJ 07748-3532 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 150.00 Payroll Deduction |
| Walsh Benefits Receipt For: Primary General Other (specify) | Agent Aggregate Year-to-Date ▼ 300.00 | (\$150.00 Annually) |
| Full Name (Last, First, Middle Initial) | | Date of Pensint |
| Glen W. Mulready Mailing Address 2708 W 66th PI | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 9823 |
| Tulsa FEC ID number of contributing federal political committee. | OK 74132-1301 | Amount of Each Receipt this Period |
| Name of Employer Benefit Plan Strategies | Occupation Agent | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | Cap Conference 2010 |
| SUBTOTAL of Receipts This Page (optional) | | 385.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 99 (check only one) X |
|---|---------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Glen W. Mulready | | | Date of Receipt |
| Mailing Address 2708 W 66th PI | | | 03 / 22 / Y Y Y Y Y |
| City Tulsa | State OK | Zip Code 74132-1301 | Transaction ID: 9894-P32023 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 30.00 |
| Name of Employer Benefit Plan Strategies | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 240.00 | (\$30.00 Monthly) |
| Full Name (Last, First, Middle Initial) Ray M. Musser | 1 | | Date of Receipt |
| Mailing Address 404 N 2nd Ave Ste B | | | 03 22 YYYY 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32149 |
| <u>Upland</u> | CA | 91786-4793 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 Payroll Deduction |
| Name of Employer Ray Musser & Assoc. Insur- ance Services | Occupation Agent | | - ayron beddenon |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) John J. Nelson | | | Date of Receipt |
| Mailing Address 32110 Agoura Rd | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Westlake Village | State CA | Zip Code 91361-4026 | Transaction ID: 9894-P32084 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 01001 4020 | 416.70 |
| Name of Employer Warner Pacific Insurance Services | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 416.70 | (\$416.70 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | | | 531.70 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule for each category of the Detailed Summary Pag | e Check only one) |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and address of any political comm | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | () | , |
| Ron J. Nezat Mailing Address 2632 Ducharme Rd | | Date of Receipt 0 3 2 2 2 0 1 0 |
| City Opelousas | State Zip Code LA 70570-8630 | Transaction ID: 9894-P32125 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 |
| Name of Employer Global Financial Resource- s. Inc. | Occupation Agent | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 210.0 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) B. Ronnell Nolan Mailing Address 364 Steele Blvd | | Date of Receipt |
| City | State Zip Code | 03 22 2010 |
| Baton Rouge | LA 70806-5131 | Transaction ID: 9893-P31859 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer The Nolan Group | Occupation President | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.0 | (\$30.00 Monthly) |
| Full Name (Last, First, Middle Initial) Lindsay V. Norvell | | Date of Receipt |
| Mailing Address 1524 Biltmore Dr | | 03 / 17 / Y Y Y Y Y |
| City Charlotte | State Zip Code NC 28207-2610 | Transaction ID: 9877-P31507 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer BB&T | Occupation Agent | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 365.0 | (\$365.00 Annually) |
| SUBTOTAL of Receipts This Page (optional) . | 1 | 480.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 99 (check only one) X 11a |
|--|---|---|---|
| any information copied from such Reports and r for commercial purposes, other than using the | Statements may ne name and add | not be sold or used by any person ress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | LTH UNDERW | RITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) John C. Parker | | | Date of Receipt |
| Mailing Address 47 Laurel Hill Dr | | | 03 / 22 / 2010 |
| City Niantic | State CT | Zip Code 06357-1536 | Transaction ID: 9893-P31830 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 1 | 100.00 |
| Name of Employer Parker Agency | Occupation Principal | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | _ ' | Year-to-Date ▼ 405.00 | (\$100.00 Monthly) |
| Full Name (Last, First, Middle Initial) Jesse A. Patton | | | Date of Receipt |
| Mailing Address 701 Grand Ave | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32181 |
| West Des Moines | IA | 50265-3625 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 350.00 Payroll Deduction |
| Name of Employer Associations Marketing Group, Inc. | Occupation CEO/Pres | sident | — ayron beduction |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1175.00 | (\$350.00 Monthly) |
| Full Name (Last, First, Middle Initial) David R. Perry | | | Date of Receipt |
| Mailing Address 2003 Charvais Dr | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9893-P31831 |
| Lake Charles FEC ID number of contributing federal political committee. | C | 70601-5605 | Amount of Each Receipt this Period 210.00 |
| Name of Employer The Perry Agency, Inc. | Occupation President | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 330.00 | (\$30.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | | | 660.00 |

| CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|-----------------------------------|---|---|
| ny information copied from such Reports and for commercial purposes, other than using the | Statements may ne name and add | not be sold or used by any perso ress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | | | |
| NATIONAL ASSOCIATION OF HEA | LTH UNDERW | /RITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Robert Hinckley Perry | | | Date of Receipt |
| Mailing Address 1227 Meadow Ridge | Rd | | 03 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9877-P31503 |
| Sandy | UT | 84094-5713 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Perry Financial Group, In- | Occupation Agent | 1 | Payroll Deduction |
| C. Receipt For: | | Year-to-Date ▼ | \dashv |
| Primary General | Aggregate | | (\$500.00 Annually) |
| Other (specify) ▼ | 0 0 | 500.00 | (\$300.00 Ailitidally) |
| Full Name (Last, First, Middle Initial) John G. Prue | 1 | | Date of Receipt |
| Mailing Address 12713 S Edinburgh S | St | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9893-P31731 |
| Olathe | KS | 66062-1300 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Humana, Inc. | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: | | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) | | | - |
| Connie Puett | | | Date of Receipt |
| Mailing Address 5160 N Eyrie Way | | | 03 / 02 / Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9741 |
| Boise | ID | 83703-4287 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 150.00 |
| Name of Employer PacificSource Health Plans | Occupation Marketing | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 210.00 | Cap Conference 2010 |
| | | | 735.00 |

| | FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--------|--|----------------------------------|---|---|
| A C | any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERV | VRITERS PAC (HUPAC) | |
| | Full Name (Last, First, Middle Initial) Connie Puett | | | Date of Receipt |
| | Mailing Address 5160 N Eyrie Way | | | 03 / 22 / 2010 |
| | City | State ID | Zip Code | Transaction ID: 9894-P32185 |
| | Boise FEC ID number of contributing | C | 83703-4287 | Amount of Each Receipt this Period 30.00 |
| | federal political committee. | C | | |
| | Name of Employer PacificSource Health Plans | Occupation Marketing | n g & Sales | Payroll Deduction |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 240.00 | (\$30.00 Monthly) |
| | Full Name (Last, First, Middle Initial) Kathy M. Rainwater | | | Date of Receipt |
| | Mailing Address 3809 Silverwood Dr | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 9893-P31837 |
| | Tyler | TX | 75701-9336 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Threlkeld & Company Insur- ance | Occupation Executive | n e Vice President | Payroll Deduction |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 255.00 | (\$85.00 Monthly) |
| | Full Name (Last, First, Middle Initial) Susan Maley Rash | | | Date of Receipt |
| | Mailing Address 2519 Kettlewell Ct | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32186 |
| | Midlothian | VA | 23113-6726 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer BB&T Benefit Consultants of Virginia. | Occupation Vice Pres | | Payroll Deduction |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 380.00 | (\$85.00 Monthly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 200.00 |

| CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|-----------------------------------|---|---|
| ny information copied from such Reports and for commercial purposes, other than using the | Statements may ne name and add | not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | LTH UNDERV | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Jon C Rauser | | | Date of Receipt |
| Mailing Address 949 Lamplighter Ln | | | 03 / 22 / 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32187 |
| Grafton FFC ID number of contributing | WI | 53024-9314 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer The Rauser Agency, Inc. | Occupation Agent | n | Payroll Deduction |
| Receipt For: | _ ' <u> </u> | Year-to-Date V | |
| Primary General Other (specify) ▼ | | 715.00 | (\$250.00 Monthly) |
| Full Name (Last, First, Middle Initial) Jordan R Redman | | | Date of Receipt |
| Mailing Address 43 Daning Lights Lar | ne | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9893-P31598 |
| Athol | ID | 83801 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 310.00 Payroll Deduction |
| Name of Employer Redman Insurance | Occupation Agent | n | Payron Deduction |
| Receipt For: | Aggregate | Year-to-Date V | |
| Primary General Other (specify) ▼ | | 340.00 | (\$10.00 Monthly) |
| Full Name (Last, First, Middle Initial) Joni Robin Reents | | | Date of Receipt |
| Mailing Address 12433 Bellaire Dr | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32342 |
| Thornton | CO | 80241-2925 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 30.00 Payroll Deduction |
| Name of Employer Romer, Reents & Associate- s, Inc. | Occupation Producer | | - Payron Deduction |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | (#20.00 Month): |
| Other (specify) ▼ | | 510.00 | (\$30.00 Monthly) |
| UBTOTAL of Receipts This Page (optional) | <u> </u> | | 590.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 99 (check only one) |
|---|---------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may | y not be sold or used by any pers | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | | • • | |
| Full Name (Last, First, Middle Initial) R Dane Rianhard | | | Date of Receipt |
| Mailing Address 1 N Charles St | | | M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O |
| City Baltimore | State MD | Zip Code 21201-3740 | Transaction ID: 9894-P32544 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 21201 0740 | 85.00 |
| Name of Employer FranklinMorris | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Thomas A. Richman | | | Date of Receipt |
| Mailing Address 560 Village Rd W | | | 03 / 01 / 2010 |
| City | State | Zip Code | Transaction ID: 9718 |
| West Windsor | NJ | 08550-2012 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 200.00 |
| Name of Employer Creative Benefit Plans In- | Occupation Agent | n | |
| Receipt For: | _ , ' | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 450.00 | |
| Full Name (Last, First, Middle Initial) Shan Ricketts | | | Date of Receipt |
| Mailing Address 3900 Halisport Dr N | W | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32280 |
| Kennesaw | GA | 30152-4077 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Purchasing Alliance Solut- ions, Inc. | | e Vice President | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 380.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional | \ \ | | 370.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 99 (check only one) X |
|---|---|---|---|--|
| , | any information copied from such Reports and S r for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any personess of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERW | RITERS PAC (HUPAC) | |
| | Full Name (Last, First, Middle Initial) Michael A. Rivera | | | Date of Receipt |
| | Mailing Address 12200 Northwest Fwy | Ste 662 | | $\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 3 & & 2 & 2 & & 2 & 0 & 1 & 0 \end{bmatrix}$ |
| | City | State | Zip Code | Transaction ID: 9894-P31954 |
| | Houston | TX | 77092-4927 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Northwest General Insuran- ce | Occupation Agent | | Payroll Deduction |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 380.00 | (\$85.00 Monthly) |
| _ | Full Name (Last, First, Middle Initial) Joseph K. Roberts | | | Date of Receipt |
| | Mailing Address 4000 S 36th St | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31821 |
| | <u>Lincoln</u> | NE | 68506-4809 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 Payroll Deduction |
| | Name of Employer Midlands Financial Benefi- ts | , ' | d Representative | - Ayron Boudonon |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 450.00 | (\$150.00 Monthly) |
| _ | Full Name (Last, First, Middle Initial) William T. Robinson | | | Date of Receipt |
| | Mailing Address 401 S El Cielo Rd Apt | 66 | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31841 |
| | Palm Springs | CA | 92262-7922 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 Payroll Deduction |
| | Name of Employer Palm Canyon Insurance Age- ncy | Occupation Agent | | - ayron beduction |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 380.00 | (\$85.00 Monthly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 320.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 99 (check only one) X 11a |
|---|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any pers the name and address of any political committee to ALTH UNDERWRITERS PAC (HUPAC) | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Mark Rose Mailing Address 1545 NE 76th St | | Date of Receipt 0 3 2 2 2 2 1 0 1 0 |
| City Seattle | State Zip Code WA 98115-4373 | Transaction ID: 9894-P32346 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Baldwin Resource Group | Occupation | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Vice President Sales Aggregate Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Kathleen D Rowe Mailing Address 455 S Arlington Ave | 9 | Date of Receipt 0 3 0 2 2 0 1 0 |
| City | State Zip Code | Transaction ID: 9742 |
| Elmhurst | IL 60126-3916 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 150.00 |
| Name of Employer Doyle Rowe LTD | Occupation Broker/Consultant | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 150.00 | Cap Conference 2010 |
| Full Name (Last, First, Middle Initial) Kathleen D Rowe | | Date of Receipt |
| Mailing Address 455 S Arlington Avo | е | 03 02 7 2010 |
| City | State Zip Code | Transaction ID: 9743 |
| Elmhurst FEC ID number of contributing federal political committee. | IL 60126-3916 | Amount of Each Receipt this Period |
| Name of Employer Doyle Rowe LTD | Occupation Broker/Consultant | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| SUBTOTAL of Receipts This Page (optional | - I | 385.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 55 / 99 (check only one) X |
|--|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERV | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Francis A. Ruggiero | | | Date of Receipt |
| Mailing Address 15 Kennedy Dr | | | 03 22 2010 |
| City <u>Budd Lake</u> | State NJ | Zip Code 07828-1438 | Transaction ID: 9894-P32191 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer John J. Slattery Associat- es | Occupation Director | n of Broker Development | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Gregory S. Sailer | | | Date of Receipt |
| Mailing Address 9721 Wellington Rdg | | | 03 22 7 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32198 |
| Woodbury | MN | 55125-9592 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 85.00 Payroll Deduction |
| Name of Employer Sailer Benefit Services, Inc. | Occupation Agent | | — ayron beddenon |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Stephen J. Salamon | | | Date of Receipt |
| Mailing Address PO Box 4252 | | | 03 22 2010 |
| City | State MD | Zip Code | Transaction ID: 9894-P32065 |
| Timonium FEC ID number of contributing federal political committee. | C | 21094-4252 | Amount of Each Receipt this Period 585.00 |
| Name of Employer Landmark Insurance & Fina- ncial Group | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) | , ' | Year-to-Date ▼ 755.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | | | 755.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 99 (check only one) X 11a |
|---|---------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Raymer M. Sale Mailing Address 2135 Enclave Mill Dr | | | Date of Receipt 0 3 2 2 2 1 0 |
| City | State | Zip Code | Transaction ID: 9894-P32199 |
| Dacula | GA | 30019-3290 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 150.00 |
| Name of Employer E2E Benefits Services, In- c. | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | (\$150.00 Monthly) |
| Full Name (Last, First, Middle Initial) Richard C. Scarboro Mailing Address 79 Woodfin Pl | <u> </u> | | Date of Receipt |
| Mailing Address 79 WOOdin Pl | | | 03 17 2010 |
| City | State | Zip Code | Transaction ID: 9869 |
| Asheville | NC | 28801-2492 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 365.00 |
| Name of Employer Blue Ridge Benefit Soluti- ons, Inc. | Occupation Agent | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Alfonso C. Schiebel | | | Date of Receipt |
| Mailing Address 561 Ripplewater Dr Sl | | 7. 0.4 | 03 / 16 / 2010 |
| City <u>Marietta</u> | State GA | Zip Code 30064-2474 | Transaction ID: 9847 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00007:2474 | 150.00 |
| Name of Employer Schiebel & Associates, LLC dba Shopbe | Occupation Agent | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 220.00 | Cap Conference 2010 |
| SUBTOTAL of Receipts This Page (optional) | | | 665.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 99 (check only one) X 11a |
|---|---------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Alfonso C. Schiebel Mailing Address 561 Ripplewater Dr St City Marietta | W State GA | Zip Code 30064-2474 | Date of Receipt 0 3 2 2 2 2 0 1 0 Transaction ID: 9894-P32201 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Schiebel & Associates, LLC | C | | 35.00 Payroll Deduction |
| dba Shopbe Receipt For: Primary General Other (specify) ▼ | Agent Aggregate | Year-to-Date ▼ 255.00 | (\$35.00 Monthly) |
| Full Name (Last, First, Middle Initial) Mel A. Schlesinger Mailing Address 380 Luzelle Dr | | | Date of Receipt 0 3 2 2 2 2 0 1 0 |
| City | State | Zip Code | Transaction ID: 9894-P32296 |
| Winston Salem | NC | 27103-6470 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 170.00 Payroll Deduction |
| Name of Employer Plans For Health, Inc. | Occupation Agent | 1 | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 510.00 | (\$170.00 Monthly) |
| Full Name (Last, First, Middle Initial) Kenneth L. Schmidt | | | Date of Receipt |
| Mailing Address 1332 Hunters Hollow | Ct | | 03 23 2010 |
| City | State | Zip Code | Transaction ID: 9895 |
| <u>Eureka</u> | МО | 63025-1051 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 100.00 |
| Name of Employer Mengel, Surdyke, Murphy and Finke Receipt For: Primary General | , ' | n Consultant Year-to-Date ▼ | |
| Other (specify) SUBTOTAL of Receipts This Page (optional) . | 0 0 | | 305.00 |

| Any information copied from such Reports and Statements may not be sold or used by any posson 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) NAME OR COMMITTEE (in Full) | SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--|---|
| NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) Kemeth L. Schmidt Mailing Address 1332 Hunters Hollow Ct City State Zip Code Eureka MO 63025-1051 FEC ID number of contributing federal political committee. Name of Employer More of Employer Malling Address 1332 Hunters Hollow Ct City State Zip Code MO 63025-1051 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Kenneth L. Schmidt Mailing Address 1332 Hunters Hollow Ct City State Zip Code MO 63025-1051 Date of Receipt this Period FEC ID number of contributing federal political committee. C ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Alan R. Schulman Mailing Address 10010 Colesville Rd Ste A City State Zip Code Silver Spring MD 20901-2348 FEC ID number of contributing federal political committee. C ID number of cont | Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Mailing Address 1332 Hunters Hollow Ct City State Zip Code Eureka MO 63025-1051 FEC ID number of contributing federal political committee. Name of Employer Mengel, Surdyke, Murphy and Finise. Prill Name (Last, First, Middle Initial) Kenneth L. Schmidt Mailing Address 1332 Hunters Hollow Ct City State Zip Code Eureka Schwidth Mailing Address 1332 Hunters Hollow Ct City State Zip Code Eureka MO 63025-1051 FEC ID number of contributing federal political committee. C Cupation Benefits Consultant Mailing Address 1332 Hunters Hollow Ct City State Zip Code Eureka MO 63025-1051 FEC ID number of contributing federal political committee. C Cupation Benefits Consultant Receipt For: Primary General Other (specify) ▼ | 1 \ ' ' | EALTH UNDERWRITERS PAC (HUPAC) | |
| City | , | | Date of Receipt |
| Eureka MO 63025-1051 FEC ID number of contributing federal political committee. Name of Employer Mengel, Surdyke, Murphy and Finke Receipt For: Date of Receipt Name (Last, First, Middle Initial) | Mailing Address 1332 Hunters Holl | ow Ct | |
| FEC ID number of contributing federal political committee. Name of Employer Mengel, Surdyke, Murphy and Finks Surdyke, Murphy and Finks | - | • | Transaction ID: 9905 |
| Name of Employer Surdyke, Murphy and Finke Receipt For: Primary General G | <u>Eureka</u> | MO 63025-1051 | Amount of Each Receipt this Period |
| Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Government of South Color (specify) ▼ Date of Receipt Government of South Color (specify) ▼ Date of Receipt Government | | C | 35.00 |
| Receipt For: | Name of Employer Mengel, Surdyke, Murphy | · ' | |
| Primary General Other (specify) ▼ | | | |
| Mailing Address 1332 Hunters Hollow Ct City State Zip Code Transaction ID: 9878-P31517 Eureka MO 63025-1051 FEC ID number of contributing federal political committee. Name of Employer Mengel, Surdyke, Murphy and Finke Receipt For: Primary General City State Zip Code Transaction ID: 9878-P31517 Amount of Each Receipt this Period Payroll Deduction Coupation Aggregate Year-to-Date ▼ 125.00 16 | 1 — | 500.00 | |
| City Eureka FEC ID number of contributing federal political committee. Name of Employer Mengel, Surdyke, Murphy and Finke Receipt For: Primary General Other (specify) ▼ State Zip Code Cocupation Benefits Consultant Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Alan R. Schulman Mailing Address 10010 Colesville Rd Ste A City State Zip Code MD 20901-2348 FEC ID number of contributing federal political committee. Name of Employer MD 20901-2348 FEC ID number of contributing federal political committee. Name of Employer Insurance Benefits & Advisors Sors Receipt For: Primary General Occupation Agent Aggregate Year-to-Date ▼ Cap Conference 2010 | | | Date of Receipt |
| Eureka MO 63025-1051 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Mengel, Surdyke, Murphy and Finke Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alan R. Schulman Mailing Address 10010 Colesville Rd Ste A City State Zip Code Silver Spring MD 20901-2348 FEC ID number of contributing federal political committee. Name of Employer MD 20901-2348 FEC ID number of contributing federal political committee. Name of Employer Insurance Benefits & Advisors Sors Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cap Conference 2010 | Mailing Address 1332 Hunters Holl | ow Ct | |
| FEC ID number of contributing federal political committee. Name of Employer Mengel, Surdyke, Murphy and Finke Receipt For: | City | • | Transaction ID: 9878-P31517 |
| Name of Employer Mengel, Surdyke, Murphy and Finke Receipt For: | <u>Eureka</u> | MO 63025-1051 | Amount of Each Receipt this Period |
| Name of Employer Mengel, Surdyke, Murphy and Finke Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alan R. Schulman Mailing Address 10010 Colesville Rd Ste A City State Zip Code Silver Spring MD 20901-2348 FEC ID number of contributing federal political committee. Name of Employer Insurance Benefits & Advisors Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cap Conference 2010 | | C | |
| Primary General Other (specify) ▼ State Zip Code Silver Spring FEC ID number of contributing federal political committee. Name of Employer Insurance Benefits & Advisors Sors Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cap Conference 2010 (\$65.00 Annually) Date of Receipt MMM | Name of Employer Mengel, Surdyke, Murphy and Finke | | Payroll Deduction |
| Other (specify) ▼ State Zip Code Transaction ID: 9845 | | Aggregate Year-to-Date ▼ | |
| Alan R. Schulman Mailing Address 10010 Colesville Rd Ste A City State Zip Code Silver Spring MD 20901-2348 FEC ID number of contributing federal political committee. Name of Employer Insurance Benefits & Advisors Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cap Conference 2010 | H | 365.00 | (\$65.00 Annually) |
| City Silver Spring MD 20901-2348 FEC ID number of contributing federal political committee. Name of Employer Insurance Benefits & Advisors Receipt For: Primary Other (specify) ▼ State Zip Code Transaction ID: 9845 Amount of Each Receipt this Period C 125.00 Cap Conference 2010 | | | Date of Receipt |
| Silver Spring MD 20901-2348 Amount of Each Receipt this Period C 125.00 Name of Employer Insurance Benefits & Advisors Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cap Conference 2010 | Mailing Address 10010 Colesville F | Rd Ste A | |
| FEC ID number of contributing federal political committee. Name of Employer Insurance Benefits & Advisors Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cap Conference 2010 | • | • | |
| Name of Employer Insurance Benefits & Advisors Receipt For: Primary General Other (specify) ▼ Occupation Agent Aggregate Year-to-Date ▼ Cap Conference 2010 | Silver Spring | MD 20901-2348 | Amount of Each Receipt this Period |
| Insurance Benefits & Advisors Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cap Conference 2010 | | C | 125.00 |
| Receipt For: Primary General Other (specify) Aggregate Year-to-Date Cap Conference 2010 | | | |
| Other (specify) ▼ 465.00 | Receipt For: | Aggregate Year-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional) | _ | 465.00 | Cap Conference 2010 |
| SUBTUTAL OF Necelpts This Page (optional) | CURTOTAL of Descirts This Desc (self-se | | 400.00 |
| TOTAL This Period (last page this line number only) | | · | |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | for each c | rate schedule(s) ategory of the Summary Page | FOR LINE NUMBER: PAGE 59 / 99 (check only one) X 11a 11b 11c 12 15 16 |
|--|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold one name and address of any p | or used by any person political committee to s | for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | _TH UNDERWRITERS P | PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Alan R. Schulman | | | Date of Receipt |
| Mailing Address 10010 Colesville Rd | | | 03 22 2010 |
| City Silver Spring | State Zip Code MD 20901-2 | | Transaction ID: 9893-P31638 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 253012 | 2010 | 30.00 |
| Name of Employer Insurance Benefits & Advi- sors | Occupation Agent | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 495.00 | (\$30.00 Monthly) |
| Full Name (Last, First, Middle Initial) James D. Schulz | | | Date of Receipt |
| Mailing Address 7101 S 82nd St | | | 03 22 2010 |
| City | State Zip Code | | Transaction ID: 9894-P32092 |
| Lincoln FEC ID number of contributing federal political committee. | NE 68516-6 | 0084 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Midlands Financial Benefi- ts | Occupation Agent | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Gregory J. Seifert | | | Date of Receipt |
| Mailing Address 3311 NE 115th St | | | 03 22 2010 |
| City | State Zip Code | | Transaction ID: 9894-P32299 |
| Vancouver FEC ID number of contributing federal political committee. | WA 98686-3 | 3945 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Biggs Insurance Services | Occupation Agent | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 255.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | • | | 200.00 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 60 / 99 (check only one) X |
|--|---------------------|---|---|
| any information copied from such Reports and r for commercial purposes, other than using th | Statements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | LTH UNDERV | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Steven Selinsky | | | Date of Receipt |
| Mailing Address 28638 Oak Point Dr | | | 03 22 2010 |
| City Farmington Hills | State MI | Zip Code 48331-2706 | Transaction ID: 9894-P32300 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10001 2700 | 335.00 |
| Name of Employer Warner Pacific Insurance Services | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | _, | Year-to-Date ▼ 610.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Bob G Shupe | | | Date of Receipt |
| Mailing Address 5904 Hitching Post L | n | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State | Zip Code | Transaction ID: 9894-P32337 |
| Nashville | TN | 37211-6934 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | Payroll Deduction |
| Name of Employer ESP, Inc | Occupation Presiden | t, CEO | - Payron Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Desmond X. Slattery | | | Date of Receipt |
| Mailing Address 1800 State Route 34 | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9894-P32095 |
| Wall FEC ID number of contributing federal political committee. | NJ C | 07719-9168 | Amount of Each Receipt this Period 85.00 |
| Name of Employer John J. Slattery Associat- | Occupation Agent | n | Payroll Deduction |
| es, Inc. Receipt For: Primary General Other (specify) | _, '_ <u>`</u> | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | • | | 505.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 61 / 99 (check only one) |
|---|---------------------|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE | <u> </u> | • | |
| Full Name (Last, First, Middle Initial) Deirdre Slattery Fallon | | | Date of Receipt |
| Mailing Address PO Box 256 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Spring Lake | State NJ | Zip Code | Transaction ID: 9894-P32005 |
| FEC ID number of contributing federal political committee. | C | 07762-0256 | Amount of Each Receipt this Period 85.00 |
| Name of Employer John J. Slattery Associat- es. Inc. | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Gregory S. Smith | I | | Date of Receipt |
| Mailing Address 4017 W Hollow Tra | ace Dr | | 03 / 08 / 2010 |
| City Peoria | State IL | Zip Code | Transaction ID: 9786 |
| FEC ID number of contributing federal political committee. | C | 61615-2418 | Amount of Each Receipt this Period |
| Name of Employer Group Marketing Services Inc. | Occupation Agent | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 210.00 | Cap Conference 2010 |
| Full Name (Last, First, Middle Initial) Gregory S. Smith | | | Date of Receipt |
| Mailing Address 4017 W Hollow Tra | ace Dr | | 03 22 2010 |
| City Peoria | State IL | Zip Code 61615-2418 | Transaction ID: 9894-P32304 |
| FEC ID number of contributing federal political committee. | C | 01010 2710 | Amount of Each Receipt this Period 30.00 |
| Name of Employer Group Marketing Services Inc. | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | (\$30.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional | اد | | 265.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|--|---|---|---|
| 4 | ny information copied from such Reports and r for commercial purposes, other than using th | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | .TH UNDERV | VRITERS PAC (HUPAC) | |
| | Full Name (Last, First, Middle Initial) MD Sam Smith | | | Date of Receipt |
| | Mailing Address 7172 Hawthorn Ave A | pt 211 | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: 9894-P32320 |
| | Los Angeles | CA | 90046-3284 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer GENESIS/Smith-Benton | Occupatio Presiden | | Payroll Deduction |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 255.00 | (\$85.00 Monthly) |
| _ | Full Name (Last, First, Middle Initial) Paul E. Smith | | | Date of Receipt |
| | Mailing Address 169 Hawthorne Dr | | | 03 22 7 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32322 |
| | Kensington | CT | 06037-4074 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer AmeriBen Alliance, LLC | Occupatio Agent | n | Payroll Deduction |
| | Receipt For: | , ' | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 255.00 | (\$85.00 Monthly) |
| _ | Full Name (Last, First, Middle Initial) Sherry Soileau | <u> </u> | | Date of Receipt |
| | Mailing Address 6421 Perkins Rd Bldg | ј А # 2B | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31695 |
| | Baton Rouge | LA | 70808-6200 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer Besselman & Little Agency | Occupatio Agent | n | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 280.00 | (\$10.00 Monthly) |
| Γ | SUBTOTAL of Receipts This Page (optional) . | 1 | | 430.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|----------------------|---|---|
| ny information copied from such Reports and r for commercial purposes, other than using the | Statements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERV | WRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Jim Spahr | | | Date of Receipt |
| Mailing Address 1457 Capri Ave | | | 03 / 22 / 2010 |
| City Petaluma | State CA | Zip Code 94954-1458 | Transaction ID: 9894-P32306 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Jackie & Jim Spahr Insura- nce Services | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Richard Blake Spell | 1 | | Date of Receipt |
| Mailing Address 7873 Bufflehead Ct | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State | Zip Code | Transaction ID: 9894-P32323 |
| Greensboro FEC ID number of contributing federal political committee. | C | 27455-8376 | Amount of Each Receipt this Period 20.00 |
| Name of Employer United Healthcare | Occupation Account | n Executive | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 210.00 | (\$20.00 Monthly) |
| Full Name (Last, First, Middle Initial) James R Stenger | | | Date of Receipt |
| Mailing Address 381 victoria drive | | | 03 / 22 / 2010 |
| City Bridgewater | State NJ | Zip Code 12909 | Transaction ID: 9893-P31796 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1200 | 170.00 |
| Name of Employer NAS Financial Services | Occupation Principal | | Payroll Deduction |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 660.00 | (\$170.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) | • | | 275.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 64 / 99 (check only one) X |
|---|---------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAD | the name and add | ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Marilyn A. Stenger Mailing Address 77 Ridgeview Ln | | | Date of Receipt |
| City Mount Arlington | State NJ | Zip Code 07856-2321 | Transaction ID: 9843 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MVS Consulting | Occupation | | 1000.00 |
| Receipt For: Primary General Other (specify) ▼ | Agent Aggregate | Year-to-Date ▼ 1295.00 | |
| Full Name (Last, First, Middle Initial) Marilyn A. Stenger Mailing Address 77 Ridgeview Ln | | | Date of Receipt 0 3 |
| City | State | Zip Code | Transaction ID: 9893-P31797 |
| Mount Arlington | NJ | 07856-2321 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 Payroll Deduction |
| Name of Employer MVS Consulting Receipt For: | Occupation Agent | Year-to-Date ▼ | - ayron beddenon |
| Primary General Other (specify) ▼ | Aggregate | 1380.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Jaun Edward Stricklan | • | | Date of Receipt |
| Mailing Address 2267 N Mountain A | ve | | 03 17 2010 |
| City | State | Zip Code | Transaction ID: 9868 |
| Claremont FEC ID number of contributing federal political committee. | CA | 91711-1586 | Amount of Each Receipt this Period 365.00 |
| Name of Employer Sawyer Cook Insurance | Occupation Agent | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | |
| SUBTOTAL of Receipts This Page (optional | l) | | 1450.00 |

| CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| ny information copied from such Reports and for commercial purposes, other than using the | Statements may not be sold or used by any e name and address of any political commit | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERWRITERS PAC (HUPAC |) |
| | · · · · · · · · · · · · · · · · · · · | |
| Full Name (Last, First, Middle Initial) James L. Sugden | | Date of Receipt |
| Mailing Address 628 Wild Ridge Cir | | 03 / 15 / Y Y Y Y |
| City | State Zip Code | Transaction ID: 9829 |
| Lafayette | CO 80026-2583 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 125.00 |
| Name of Employer Employee Benefit Solution- s, Inc. | Occupation Agent | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 295.00 | Cap Conference 2010 |
| Full Name (Last, First, Middle Initial) James L. Sugden | | Date of Receipt |
| Mailing Address 628 Wild Ridge Cir | | 03 22 2010 |
| City | State Zip Code | Transaction ID: 9893-P31799 |
| Lafayette | CO 80026-2583 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 |
| Name of Employer Employee Benefit Solution- s, Inc. | Occupation Agent | Payroll Deduction |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 380.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) James F. Summers | 1 | Date of Receipt |
| Mailing Address 15316 Pine St | | 03 / 22 / 2010 |
| City | State Zip Code | Transaction ID: 9893-P31800 |
| <u>Omaha</u> | NE 68144-5117 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 125.00 |
| Name of Employer Senior Market Sales, Inc. | Occupation Agent | Payroll Deduction |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ 375.00 | (\$125.00 Monthly) |
| Other (specify) ▼ | 0 0 0 0 0 0 0 0 | |
| IIRTOTAL of Receipts This Page (optional) | | 335.00 |

| Γ | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | N. I I | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 66 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|------------------|---|---|
| 2 | any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee t | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| | NATIONAL ASSOCIATION OF HEAL | TH UNDER\ | WRITERS PAC (HUPAC) | |
| ۷. | Full Name (Last, First, Middle Initial) William L Sutherland | | | Date of Receipt |
| | Mailing Address 19126 Kristen Way | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32243 |
| | San Antonio | TX | 78258-3618 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Wortham Insurance & Risk Management | Occupation Agent | n | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | (\$100.00 Monthly) |
| _ 3. | Full Name (Last, First, Middle Initial) Michelle J. Sweeney | 1 | | Date of Receipt |
| | Mailing Address 3404 Mechanicsburg F | Ra | | 03 16 2010 |
| | City | State | Zip Code | Transaction ID: 9842 |
| | Springfield | OH | 45502-8219 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Name of Employer Wallace & Turner Inc. | Occupation Agent | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1000.00 | |
| _). | Full Name (Last, First, Middle Initial) Ryan R. Swinton | | | Date of Receipt |
| | Mailing Address 9931 N 151st St | | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9894-P32332 |
| | Waverly | NE | 68462-1611 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Midlands Financial Benefi- ts | Occupation Agent | _ | Payroll Deduction |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 1185.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67/99 (check only one) |
|---|------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may | not be sold or used by any pers | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA | | • • | o Solicit Committee. |
| Full Name (Last, First, Middle Initial) Ron F. Tagge | | | Date of Receipt |
| Mailing Address 1466 W Highpoint C | Cir | | 0 3 1 7 2 0 1 0 |
| City Springfield | State MO | Zip Code 65810-2594 | Transaction ID: 9877-P31489 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00010 2004 | 365.00 |
| Name of Employer Tagge Insurance Agency | Occupation Presiden | | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | (\$365.00 Annually) |
| Full Name (Last, First, Middle Initial) Joe Teeling | | | Date of Receipt |
| Mailing Address 715 Southfork Dr | | | 03 16 2010 |
| City Waukee | State IA | Zip Code 50263-9581 | Transaction ID: 9844-P31476 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Bearence Management Group | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | (\$1000.00 Annually) |
| Full Name (Last, First, Middle Initial) Marsha Tellesbo | | | Date of Receipt |
| Mailing Address 22887 NE 127th Wa | ay | | 03 22 2010 |
| City Redmond | State WA | Zip Code 98053-5657 | Transaction ID: 9894-P32287 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 3000 3007 | 85.00 |
| Name of Employer Tellesbo & Company | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 380.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional |) | | 1450.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule for each category of the Detailed Summary Pag | (Crieck only one) |
|--|---|--|
| NAME OF COMMITTEE (In Full) | | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. |
| NATIONAL ASSOCIATION OF HEAL | TH UNDERWRITERS PAC (HUPA | () |
| Full Name (Last, First, Middle Initial) Peter Anthony Thomas Mailing Address 3140 Little Haven Rd | | Date of Receipt |
| Walling Address 3140 Little Haven Ru | | 03 / 17 / 2010 |
| City | State Zip Code | Transaction ID: 9867 |
| Virginia Beach | VA 23452-6146 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer The Thomas Insurance Agen- cy | Occupation President | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 365.0 | 00 |
| Full Name (Last, First, Middle Initial) Richard H. Todd | | Date of Receipt |
| Mailing Address 54 Belle Meadow Ln | | 03 / 17 / 2010 |
| City | State Zip Code | Transaction ID: 9870 |
| Little Rock | AR 72210-3714 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer The Todd Agency, Inc. | Occupation Agent | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.0 | 00 |
| Full Name (Last, First, Middle Initial) Tim P. Tracy | | Date of Receipt |
| Mailing Address 19 Compo Rd S | | 03 17 2010 |
| City | State Zip Code | Transaction ID: 9877-P31502 |
| Westport | CT 06880-4319 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Gerard B. Tracy Associates | Occupation Agent | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 515.0 | (\$365.00 Annually) |
| SUBTOTAL of Receipts This Page (optional) | | 1230.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 99 (check only one) X |
|---|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any perso the name and address of any political committee to ALTH UNDERWRITERS PAC (HUPAC) | n for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) | | Data of Descript |
| Janet Trautwein Mailing Address 7212 Redlac Dr | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Clifton | State Zip Code VA 20124-1948 | Transaction ID: 9893-P31801 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 170.00 |
| Name of Employer NAHU | Occupation CEO | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 510.00 | (\$170.00 Monthly) |
| Full Name (Last, First, Middle Initial) Charles G. Wagner | | Date of Receipt |
| Mailing Address PO Box 9 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Burwell | State Zip Code NE 68823-0009 | Transaction ID: 9893-P31709 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 85.00 |
| Name of Employer Town and Country Insurance Agency, In | Occupation President | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Rand R. Wall | | Date of Receipt |
| Mailing Address 1004 Sugardale Ct | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 9893-P31791 |
| Sugar Land FEC ID number of contributing federal political committee. | TX 77498-2760 | Amount of Each Receipt this Period |
| Name of Employer Lone Star Health Plans, Ltd. | Occupation Agent | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | (\$100.00 Monthly) |
| SURTOTAL of Receipts This Page (entional |) | 355.00 |

| ľ | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|----|---|--------------------------------|--|---|
| | any information copied from such Reports and S ir for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NATIONAL ASSOCIATION OF HEAL | TH UNDER\ | WRITERS PAC (HUPAC) | |
| ۱. | Full Name (Last, First, Middle Initial) Jessica F Waltman | | | Date of Receipt |
| | Mailing Address 2000 14th St N Ste 45 | 0 | | 03 22 2010 |
| | City | State | Zip Code | Transaction ID: 9893-P31684 |
| | Arlington | VA | 22201-2573 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer NAHU | Occupation VP, Police | on cy and State Affairs | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| _ | Full Name (Last, First, Middle Initial) M. Hughes Waren | <u>l</u> | | Date of Receipt |
| | Mailing Address 1109 Princeton Dr | | | 03 01 7 9 9 |
| | City | State | Zip Code | Transaction ID: 9717 |
| | Wilmington FEC ID number of contributing federal political committee. | NC C | 28403-2528 | Amount of Each Receipt this Period 125.00 |
| | Name of Employer Ebenconcepts, Inc. | Occupation Agent | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 295.00 | Cap Conference 2010 |
| _ | Full Name (Last, First, Middle Initial) M. Hughes Waren Mailing Address 1109 Princeton Dr | | | Date of Receipt |
| | City | Ctoto | 7in Codo | 03 22 2010 |
| | City Wilmington | State NC | Zip Code 28403-2528 | Transaction ID: 9893-P31719 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 85.00 |
| | Name of Employer Ebenconcepts, Inc. | Occupation Agent | on | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | , ' <u> </u> | e Year-to-Date ▼ 380.00 | (\$85.00 Monthly) |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 295.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 71 / 99 (check only one) X |
|---|-------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) John L. Warwick | | | Date of Receipt |
| Mailing Address PO Box 272 | | | 0 3 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Chico | State CA | Zip Code 95927-0272 | Transaction ID: 9894-P32171 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 1 | 85.00 |
| Name of Employer John Warwick Insurance Se- rvices | Occupation Agent | 1 | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Charles A Webb | | | Date of Receipt |
| Mailing Address 15 S Jefferson St | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State | Zip Code | Transaction ID: 9894-P32089 |
| Roanoke | VA | 24011-1303 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 Payroll Deduction |
| Name of Employer Benefits Group, Inc. | Occupation Agent | 1 | T dyron Boddonon |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Dan Webb | | | Date of Receipt |
| Mailing Address 5251 Office Park Dr | | | 03 22 2010 |
| City Bakersfield | State CA | Zip Code 93309-0404 | Transaction ID: 9893-P31626 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 90009-0404 | 170.00 |
| Name of Employer The Webb Insurance Group | Occupation Marketing | n g Manager | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 720.00 | (\$170.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional) . | | | 340.00 |

| | OULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 72 / 99 (check only one) X |
|--------------------------------|---|---|---|---|
| Any inform or for comi | nation copied from such Reports and S mercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| 1 \ | OF COMMITTEE (In Full) DNAL ASSOCIATION OF HEAL | TH UNDER | WRITERS PAC (HUPAC) | |
| | me (Last, First, Middle Initial) s Welden | | | Date of Receipt |
| Mailing | Address PO Box 37 | | | 03 16 2010 |
| City Milford | d | State NH | Zip Code 03055-0037 | Transaction ID: 9844-P31470 Amount of Each Receipt this Period |
| FEC ID | number of contributing political committee. | C | 1 1 1 1 1 1 | 500.00 |
| Name of Eaton & Agency Receipt | | Occupation Agent Aggregate | n e Year-to-Date ▼ | Payroll Deduction |
| | rrimary General Other (specify) ♥ | 1 1 | 1150.00 | (\$500.00 Annually) |
| Full Na Lisa We | me (Last, First, Middle Initial) etherton | | | Date of Receipt |
| Mailing | Address 376 Overlook Point Di | rive | | 03 16 YYYY 2010 |
| City | | State | Zip Code | Transaction ID: 9844-P31474 |
| <u>Dahlo</u> | nega | GA | 30533 | Amount of Each Receipt this Period |
| | number of contributing political committee. | C | | 635.00 |
| Name o Benefit | of Employer Design Strategies | Occupation Agent | n | Payroll Deduction |
| | t For: rimary General other (specify) ▼ | Aggregate | e Year-to-Date ▼ 825.00 | (\$635.00 Annually) |
| Full Na | me (Last, First, Middle Initial) | | | Date of Receipt |
| | Address 2745 Dallas Pkwy | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | | State | Zip Code | Transaction ID: 9894-P32134 |
| | number of contributing political committee. | C | 75093-8731 | Amount of Each Receipt this Period 85.00 |
| Name o Assura | of Employer nt Employee Benefits | Occupation Agent | n | Payroll Deduction |
| | t For: rimary General 0ther (specify) ♥ | , ' | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| SURTOT | AL of Receipts This Page (optional) | 1 | | 1220.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ν) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 99 (check only one) |
|--|------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE | ALTH UNDERV | VRITERS PAC (HUPAC) | |
| Full Name (Last, First, Middle Initial) Bruce T Williams | | | Date of Receipt |
| Mailing Address 5121 Quail Ln | | | 03 15 2010 |
| City | State | Zip Code | Transaction ID: 9822 |
| Columbia | SC | 29206-4628 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 150.00 |
| Name of Employer BB&T Insurance Services | Occupation Agent | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 515.00 | Cap Conference 2010 |
| Full Name (Last, First, Middle Initial) Michael R Williams | I | | Date of Receipt |
| Mailing Address 302 S 36th St Ste 1 | 05 | | 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 9894-P31998 |
| Omaha | NE | 68131-3845 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Wiliams Deras & Associates | Occupation Sales | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| Full Name (Last, First, Middle Initial) Paula L Wilson | | | Date of Receipt |
| Mailing Address 31930 Daniel Way | | | 03 22 2010 |
| City | State | Zip Code | Transaction ID: 9893-P31782 |
| Temecula | CA | 92591-2129 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 85.00 |
| Name of Employer Paula Wilson, Inc. | Occupation Agent | n | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 255.00 | (\$85.00 Monthly) |
| SUBTOTAL of Receipts This Page (optional | 1) | | 320.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate so for each categor Detailed Summa | ry of the (| FOR LINE NUMBER: PAGE 74 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|----------------------------------|---|-------------------------------------|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | y not be sold or use dress of any politica | d by any person I committee to s | for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL | TH UNDERV | VRITERS PAC (| HUPAC) | |
| Α. | Full Name (Last, First, Middle Initial) Dennis E. Wright | | | | Date of Receipt |
| | Mailing Address 318 Calash Run | | | | 03 22 2010 |
| | City | State | Zip Code | | Transaction ID: 9894-P32177 |
| | Fort Wayne | IN | 46845-2104 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 85.00 |
| | Name of Employer IntraHealth Solutions, In- c. | Occupation President | | | Payroll Deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ | 255.00 | (\$85.00 Monthly) |
| - В. | Full Name (Last, First, Middle Initial) Robert A Ziff | | | | Date of Receipt |
| | Mailing Address 568 Valleyview Rd | | | | 03 22 2010 |
| | City | State | Zip Code | | Transaction ID: 9894-P32139 |
| | <u>Langhorne</u> | PA | 19047-2221 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 | | 100.00 |
| | Name of Employer Avanti Benefits Corp | Occupation President | | | - Payroll Deduction |
| | Receipt For: Primary General Other (specify) | 33 3 | e Year-to-Date ▼ | 300.00 | (\$100.00 Monthly) |

| SUBTOTAL of Receipts This Page (optional) | • | 185.00 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | • | 52006.70 |

В.

C.

| SCHEDULE B (FEC Form 3X) | | LEODINE | NUMBER |
|---|---|--------------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | FOR LINE (check only | |
| II EMIZED DISBURSEMEN I S | Detailed Summary Page | X 21b 27 | 22 23 24 25 26 28a 28b 28c 29 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH L | NDERWRITERS PAC (F | HUPAC) | |
| Full Name (Last, First, Middle Initial) American Express | | | Transaction ID: 9917 Date of Disbursement |
| <u> </u> | | | 03 |
| Mailing Address PO Box 53852 | | | 03 02 2010 |
| City Phoenix | State Zip Code AZ 85072 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement AMEX FEE | | 001 | 330.68 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) | Турс | |
| State: District: | (- | | |
| Full Name (Last, First, Middle Initial) American Express | | | Transaction ID: 9918 Date of Disbursement |
| Mailing Address PO Box 53852 | | | $\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| City Phoenix | State Zip Code AZ 85072 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement FEE | | 001 | 4.95 |
| Candidate Name | | 001 Category/ Type | |
| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) | ,, | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) American Express | | | Transaction ID: 9919 Date of Disbursement |
| Mailing Address PO Box 53852 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 1 & 0 \end{smallmatrix} \end{bmatrix} $ |
| City Phoenix | State Zip Code AZ 85072 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement FEE | | 001 | 4.95 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) | | |
| State: District: | | | |
| SURTOTAL of Dishursements This Page (optional) | | | 340.58 |

TOTAL This Period (last page this line number only)

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 76/99 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) Transaction ID: 9916 Merchant Services Date of Disbursement 0 2 0 3 2010 Mailing Address 7300 Chapman Way City State Zip Code Amount of Each Disbursement this Period Knoxville ΤN 37920 1010.47 Purpose of Disbursement MERCH FEE 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 9920 Regions Bank Date of Disbursement 0 3ั 0 3 2010 Mailing Address 6286 N College City State Zip Code Amount of Each Disbursement this Period Indianapolis 46220 IN 117.03 Purpose of Disbursement Analysis Charge 001 Candidate Name Category/ Type Office Sought: House Disbursement For:

General

| SUBTOTAL of Disbursements This Page (optional) | • | 1127.50 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | • | 1468.08 |

Primary

Other (specify)

State:

| Transaction ID: 9859 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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) NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) A LOT OF PEOPLE FOR DAVE OBEY Mailing Address P O Box 1322 City State Zip Code Will 54402 Purpose of Disbursement reception 3.9 Candidate Name DAVID R. OBEY Office Sought: X House Senate President State: WI District: 07 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State Zip Code NJ 8953 Date of Disbursement Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE Office Sought: House President Senate Presi |) FOR LINE NUMBER: PAGE 77 / 99 (check only one) | : 1 · · · | Use separate schedule(s | J Use s | B (FEC Form 3 | |
|--|---|-----------|---------------------------------------|----------------|------------------------|--------------------|
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) A LOT OF PEOPLE FOR DAVE OBEY Mailing Address P O Box 1322 City State Zip Code Wil 54402 Purpose of Disbursement reception 3.9 Candidate Name DOHN H. ADLER Office Sought: X House Senate President State: NJ District: 03 Full Name (Last, First, Middle Initial) A DLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State Zip Code Wil 54402 Transaction ID: 9859 Date of Disbursement Initial Address of Disbursement For: 2010 Amount of Each Disbursement Initial Address 14 KNIGHTSWOOD DRIVE City State Zip Code NJ 08053 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City Senate President Senate President Senate President Senate President Senate Senate Senate Senate President State: NJ District: 03 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City Senate President Senate President Senate President Senate President Senate President Senate Senate President Senate President Senate President Senate Senate Senate President Senate Senate Senate President Senate Sena | 21b 22 X 23 24 25 | | | | SBURSEMEN [*] | TEMIZED DIS |
| NAME OF COMMITTEE (in Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) A LOT OF PEOPLE FOR DAVE OBEY Mailing Address P O Box 1322 City State Zip Code Wausau WI 54402 Purpose of Disbursement reception 3.9 Candidate Name DAVID R. OBEY Mailing Address P O Box 1322 Transaction ID: 9859 Date of Disbursement till 0.3 1 1 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | |
| A LOT OF PEOPLE FOR DAVE OBEY Mailing Address P O Box 1322 City State Zip Code Wausau Wil 54402 Purpose of Disbursement reception 3.9 Candidate Name DAVID R. OBEY Office Sought: | | | · · · · · · · · · · · · · · · · · · · | | MITTEE (In Full) | NAME OF COMM |
| City Wausau WI 54402 Purpose of Disbursement reception 3.9 Candidate Name DAVID R. OBEY Office Sought: X House President State: WI District: 07 City Malling Address 14 KNIGHTSWOOD DRIVE City Malling Address 14 KNIGHTSWOOD DRIVE Office Sought: X Primary General Disbursement For: 2010 MaRLTON NJ 08053 Purpose of Disbursement Reception Candidate Name John H. ADLER Office Sought: X Primary General Disbursement For: 2010 Martin | Date of Disbursement | | | OBEY | • | • |
| Wausau Purpose of Disbursement reception 3.9 Candidate Name DAVID R. OBEY Office Sought: | $ \begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 7 \\ 1 & 7 \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 7 \\ 2 & 0 & 1 & 0 \end{bmatrix} $ | | | | P O Box 1322 | Mailing Address |
| Transaction ID: 9763 Date of Disbursement State: WI District: 07 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City MARLTON NJ 08053 Purpose of Disbursement Reception Candidate Name JOHN H. ADLER Office Sought: X House President State: NJ District: 03 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City MARLTON NJ 08053 Purpose of Disbursement Reception Candidate Name JOHN H. ADLER Office Sought: X House President State: NJ District: 03 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City MARLTON NJ 08053 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City MARLTON NJ 08053 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address Mai | Amount of Each Disbursement this Period | | | | | |
| Office Sought: | | _ | | | | reception 3.9 |
| Senate President State: WI District: 07 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State Zip Code MARLTON NJ 08053 Purpose of Disbursement Reception Candidate Name JOHN H. ADLER Office Sought: X House President State: NJ District: 03 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE Transaction ID: 9763 Date of Disbursement M 3 | , , , | 1 | 0010 | Dishumanant Fe | ΞΥ | DAVID R. OBE |
| Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State Zip Code NJ 08053 Purpose of Disbursement Reception Candidate Name JOHN H. ADLER Office Sought: X House President State: NJ District: 03 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State X Primary General Other (specify) ▼ City State: NJ District: 03 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State Zip Code NJ 08053 Purpose of Disbursement For: 2010 Candidate Name JOHN H. ADLER City State Zip Code NJ 08053 Purpose of Disbursement For: 2010 Candidate Name JOHN H. ADLER Office Sought: X House Disbursement For: 2010 Candidate Name JOHN H. ADLER Office Sought: X House Disbursement For: 2010 X Primary General | | | rimary General | X Primary | Senate President | |
| City State Zip Code NJ 08053 Purpose of Disbursement Reception Candidate Name JOHN H. ADLER Office Sought: X House Senate President President State: NJ District: 03 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State Zip Code MARLTON NJ 08053 Purpose of Disbursement VOID Candidate Name JOHN H. ADLER Office Sought: X House Senate NJ District: 03 Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State Zip Code MARLTON NJ 08053 Purpose of Disbursement VOID Candidate Name JOHN H. ADLER Office Sought: X House Disbursement For: 2010 Senate X Primary General | | | | | First, Middle Initial) | Full Name (Last, I |
| MÅRLTON Purpose of Disbursement Reception Candidate Name JOHN H. ADLER Office Sought: | $\begin{bmatrix} \begin{smallmatrix} M \\ O \\ J \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D \\ O \\ J \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | <u> </u> | OOD DRIVE | 14 KNIGHTSW | Mailing Address |
| Reception Candidate Name JOHN H. ADLER Office Sought: | Amount of Each Disbursement this Period | | | | | |
| JOHN H. ADLER Office Sought: | 011 | 0- | | | | Reception |
| Senate | | | | | ER | |
| Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City State Zip Code MARLTON NJ 08053 Purpose of Disbursement VOID Candidate Name JOHN H. ADLER Office Sought: X House Senate X Primary General Transaction ID: 9805 Date of Disbursement O 3 M / 0 9 D / Y 2 0 1 Amount of Each Disbursement thin Category/ Type Office Sought: X Primary General | | | rimary General | X Primary | Senate President | |
| City State Zip Code MARLTON NJ 08053 Purpose of Disbursement VOID Candidate Name JOHN H. ADLER Office Sought: X House Senate Disbursement For: 2010 Senate X Primary General Amount of Each Disbursement thi Category/ Type | Date of Disbursement | | | ı | | |
| MARLTON NJ 08053 Purpose of Disbursement VOID Candidate Name JOHN H. ADLER Office Sought: X House Disbursement For: 2010 Senate X Primary General | 03 | | = | OOD DRIVE | 14 KNIGHTSW | Mailing Address |
| VOID Candidate Name JOHN H. ADLER Office Sought: X House Senate Disbursement For: Z010 Senate Disbursement For: Quantification of Disbursement For: Quantifi | Amount of Each Disbursement this Perio | | | | | |
| JOHN H. ADLER Office Sought: X House Disbursement For: 2010 Senate X Primary General | | | | | | VOID |
| Senate X Primary General | | | | l s | ER | JOHN H. ADLE |
| | | | rimary General | X Primary | Senate | Office Sought: |
| State: NJ District: 03 | | | | | | State: NJ |

| | CHEDULE B (FEC Form 3X) | Use sepai | rate schedule(s) | | _ | R LINE | NUMB | ER: | | | | PA | GE | 78 / 9 | 99 |
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| | EMIZED DISBURSEMENTS | for each c Detailed S | ategory of the Summary Page | | À | 21b 27 | 22 28a | > | 23 28 | b | <u></u> : | 24 28c | | 25 29 | |
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| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH L | | 7, | | | | SHOIL GOIL | | | 3110 | | 2011 0 | - | | |
| <u> </u> | Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS | | | | | | Tran Date | | | | 99 men | | | | |
| | Mailing Address PO Box 1527 | | | | | | 0 ^M 3 | M | ′ | ^D 3 | ^D | / Y | ž | 0 1 C |) ^Y |
| | City Annapolis | State MD | Zip Code 21404 | | | | Amo | unt | of Ea | ach | Disb | urse | ment | t this F | Period |
| | Purpose of Disbursement Event | | | Г | 01 | | | | _ | | _ | | 100 | 00.00 | |
| | Candidate Name ANDREW P HARRIS | | | С | ateg Typ | • | | | | | | | | | |
| | Senate X President | ement For: Primary Other (spec | 2010 General | | | | | | | | | | | | |
| _ | State: MD District: 01 Full Name (Last, First, Middle Initial) | _ | | | | | Tran | sac | tion | ID: | 97 | 60 | | | |
| | BACHMANN FOR CONGRESS | | | | | | 1 | of [| | urse | men | | * \/ | | |
| | Mailing Address PO Box 25950 | | | | | | o ^M 3 | M | ′ L | 0 | 9 | / L | ž | 0 i c |) ` |
| | City Woodbury | State MN | Zip Code 55125 | | | | Amo | unt | of Ea | ach | Disb | urse | ment | t this F | Period |
| | Purpose of Disbursement Reception | | | | 01 | | | | | | | | 300 | 00.00 | |
| | Candidate Name MICHELE BACHMANN | | | С | ateg Typ | - | | | | | | | | | |
| | | ement For: Primary Other (spec | 2010 General | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS | | | | | | Tran Date | | | | 97 emen | - | | | |
| | Mailing Address 8550 United Plaza Blvd. | | | | | | 0 3 | M | / | 0 | 9 | / Y | ž | 0 1 C |) \ |
| | City Baton Rouge | State LA | Zip Code 70809 | | | | Amo | unt | of Ea | ach | Disb | - | - | t this F | |
| | Purpose of Disbursement VOID | | | | 01 | | | | | - | | | -300 | 00.00 | |
| | Candidate Name WILLIAM CASSIDY | | | С | ateg Typ | | | | | | | | | | |
| | Senate President | ement For: Primary Other (spec | 2010 X General cify) ▼ | | | | | | | | | | | | |
| _ | State: LA District: 06 | | | | | | | | | _ | _ | | | | |
| | SUBTOTAL of Disbursements This Page (optional) | | | | | • | | | | | | | 100 | 00.00 |) |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | - | NUMBER: PAGE 79 / 99 |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only | y one) 22 X 23 24 25 26 28a 28b 28c 29 30b |
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| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH U | NDERWRITERS PAC (I | HUPAC) | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 9757 |
| BILL CASSIDY FOR CONGRESS | | | Date of Disbursement |
| Mailing Address 8550 United Plaza Blvd. | | | $\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| • | State Zip Code LA 70809 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Reception | | 011 | 3000.00 |
| Candidate Name WILLIAM CASSIDY | | Category/ Type | |
| Senate President | ment For: 2010 Primary X General Other (specify) | | |
| State: LA District: 06 | | | |
| Full Name (Last, First, Middle Initial) CATHY MCMORRIS RODGERS FOR COI | NGRESS | | Transaction ID: 9768 Date of Disbursement |
| Mailing Address Box 137 | | | $\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| • | State Zip Code WA 99210 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Reception | | 011 | 3000.00 |
| Candidate Name CATHY MCMORRIS RODGERS | | Category/ Type | |
| Senate President | ment For: 2010 Primary X General Other (specify) ▼ | | |
| State: WA District: 05 Full Name (Last, First, Middle Initial) | | | Transaction ID: 9862 |
| CHARLES BOUSTANY JR MD FOR CONG | GRESS, INC | | Date of Disbursement |
| Mailing Address PO Box 80126 | | | $\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| | State Zip Code LA 70598 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Reception 3.9 | | 011 | 3000.00 |
| Candidate Name CHARLES DR. JR. BOUSTANY | | Category/ Type | |
| Office Sought: X House Disburse Senate President | ment For: 2010 Primary X General Other (specify) | | |
| State: LA District: 07 | , , , , , , , , , , , , , , , , , , , | | |
| SUBTOTAL of Disbursements This Page (optional) . | | > | 9000.00 |

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| or for commercial purposes, other than using the r | name and addre | ss of any political | com | nmitte | ee to sol | cit contr | ibuti | ons fro | om suc | h com | mittee | |
| NAME OF COMMITTEE (In Full) | | NTEDO DAO (1 | | | | | | | | | | |
| / NATIONAL ASSOCIATION OF HEALT | H UNDERWI | RITERS PAC (F | HUP | AC) | | | | | | | | |
| Full Name (Last, First, Middle Initial) | 01100500 11 | | | | | | | | 989 | 0 | | |
| CHARLES BOUSTANY JR MD FOR CO | ONGRESS, I | NC | | | | | of Di м | sburse | | Υ | Y Y | Υ |
| Mailing Address PO Box 80126 | | | | | | 0 ^M 3 | | 2 | 23 | . : | ž o i o |) |
| City Lafayette | State LA | Zip Code 70598 | | | | Amou | int o | Each | Disbu | rseme | nt this F | Period |
| Purpose of Disbursement | | 70000 | | | | | | | | 10 | 00.00 |) |
| Lunch 3.23 | | | | Q11 | | | | | | | | |
| Candidate Name CHARLES DR. JR. BOUSTANY | | | | atego Type | • | | | | | | | |
| X | ursement For: | 2010 | | | | | | | | | | |
| Senate President | X Primary Other (spe | General | | | | | | | | | | |
| State: LA District: 07 | | <i>3</i>) \ | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | 979 | 3 | | |
| CHET EDWARDS FOR CONGRESS | | | | | | | of Di м | sburse | | Υ | YYY | Υ |
| Mailing Address PO Box 23273 | | | | | | 0 3 | | 0 | 9 / | | 2010 |) |
| City WACO | State TX | Zip Code 76702 | | | | Amou | int o | Each | Disbu | rseme | nt this F | Period |
| Purpose of Disbursement VOID | | | | 044 | | | | | | -30 | 00.00 |) |
| Candidate Name | | | | 011 atego | | | | | | | | |
| CHET EDWARDS | | | | Туре | • | | | | | | | |
| Office Sought: X House Disb | ursement For: X Primary | 2010 General | | | | | | | | | | |
| President | Other (spe | | | | | | | | | | | |
| State: TX District: 17 | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS | | | | | | | | | 976 | 6 | | |
| | | | | | | | M N | sburse | | Υ | Y . Y . | Υ |
| Mailing Address PO Box 23273 | | | | | | 0 ^M 3 | | 0 | 9 / | | ž o ť o |) |
| City | State | Zip Code | | | | Amou | int o | Each | Disbu | rseme | nt this F | Period |
| WACO | TX | 76702 | | | | | | | | 30 | 00.00 |) |
| Purpose of Disbursement Reception | | | | 011 | | | _ | | | - | | |
| Candidate Name CHET EDWARDS | | | | | ory/ | | | | | | | |
| Office Sought: X House Disb | ursement For: | 2010 | | | | | | | | | | |
| Senate President | X Primary Other (spe | General | | | | | | | | | | |
| State: TX District: 17 | Other (spe | 5011 y) ▼ | | | | | | | | | | |
| State. IA DISTITUTE I | | | | | | | | | | | | |
| ' | nal) | | | | | | | | | 10 | 00.00 |) |
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| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Pa | ne | (check only 21b 27 | 22 X | 23 24 28b 286 | 25 29 | 26 |
| | ly Information copied from such Reports and Staten for commercial purposes, other than using the nam | | | | | | | S |
| | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH L | JNDERWRITERS PA | C (HU | PAC) | | | | |
| | Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS | | | | Date of Dis | on ID: 9888 sbursement | | |
| | Mailing Address PO BOX 177 | | | | 03 | ^D 2 5 / | žojo |) [*] |
| | City BOONEVILLE | State Zip Code MS 38829 | | | Amount of | Each Disburs | | |
| | Purpose of Disbursement Dinner 3.25 | | | 011 | | | 1500.00 |) |
| | Candidate Name TRAVIS W CHILDERS Office Sought: V House | ement For: 2010 | | Category/ Type | | | | |
| | | Primary Gene Other (specify) ▼ | eral | | | | | |
| - | Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010 | | | | Date of Dis | on ID: 9748 sbursement | | |
| | Mailing Address POST OFFICE BOX 977 | , | | | 03 | 0 9 / | žojo | o ^Y |
| | City MUSKOGEE | State Zip Code OK 74402 | | | Amount of | Each Disburs | • • • | |
| | Purpose of Disbursement NAHU 3.9 | | | 011 | | | 3000.00 |) |
| | Candidate Name THOMAS A COBURN | | | Category/ Type | | | | |
| | Office Sought: House X Senate President State: OK Disburse | ement For: 2010 Primary X Gene Other (specify) | eral | | | | | |
| | Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010 | | | | Date of Dis | on ID: 9794 sbursement | | |
| | Mailing Address POST OFFICE BOX 977 | , | | | 03 / | 0 9 | [°] 2010 | o ^Y |
| | City MUSKOGEE | State Zip Code OK 74402 | | | Amount of | Each Disburs | | |
| | Purpose of Disbursement VOID | | | 011 | | | -3000.00 |) |
| | Candidate Name THOMAS A COBURN | | | Category/ Type | | | | |
| | X Senate President | ement For: 2010 Primary X Gene Other (specify) | eral | | | | | |
| Γ. | State: OK District: 00 UBTOTAL of Disbursements This Page (optional) | | | | | | 1500.00 |) |
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| · \ | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF H | HEALTH UNDERW | RITERS PAC (| HUPAC) | |
| | Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010 | | | | Transaction ID: 9909 Date of Disbursement |
| | Mailing Address POST OFFICE | BOX 977 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| | City MUSKOGEE | State OK | Zip Code 74402 | | Amount of Each Disbursement this Period |
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| | Candidate Name THOMAS A COBURN | Diah. waanant Farr | 0010 | Category/ Type | |
| | Office Sought: House X Senate President State: OK District: 00 | Disbursement For: Primary Other (sp | 2010 X General ecify) ▼ | | |
| | Full Name (Last, First, Middle Initial) DREIER FOR CONGRESS COM | I IMITTEE | | | Transaction ID: 9861 Date of Disbursement |
| | Mailing Address P.O. BOX 505 | | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix}$ |
| | City UPLAND | State CA | Zip Code 91785 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | | | 3000.00 |
| | Reception 3.9 | | | 011 | |
| | Reception 3.9 Candidate Name DAVID DREIER | | | 011 Category/ Type | |
| | Candidate Name DAVID DREIER Office Sought: X House Senate President | Disbursement For: X Primary Other (sp | 2010 General ecify) ▼ | Category/ | |
| | Candidate Name DAVID DREIER Office Sought: X House Senate | X Primary Other (sp | General | Category/ | Transaction ID: 9758 Date of Disbursement |
| | Candidate Name DAVID DREIER Office Sought: X House Senate President State: CA District: 26 Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FO | X Primary Other (sp | General ecify) ▼ | Category/ | |
| | Candidate Name DAVID DREIER Office Sought: X House Senate President State: CA District: 26 Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FO | X Primary Other (sp | General ecify) ▼ | Category/ | Date of Disbursement M 3 M / D D D / Y Y Y D T D Amount of Each Disbursement this Perior |
| | Candidate Name DAVID DREIER Office Sought: X House Senate President State: CA District: 26 Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FO Mailing Address 22 West Pador City Timonium Purpose of Disbursement Reception | X Primary Other (sp R CONGRESS nia Road Suite C-14 State | General ecify) General Zip Code | Category/ | Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
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| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such corting NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) FRIENDS OF DOC HASTINGS Mailing Address PO Box 2926 City Pasco Purpose of Disbursement Reception Candidate Name DOC HASTINGS Office Sought: X House President State: WA District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF ERIIK PAUL SEN Mailing Address P.O. Box 44369 City State Zip Code MN 55344 Purpose of Disbursement Reception Candidate Name ERIK P REP. PAUL SEN Office Sought: X House President State: WA District: 04 Purpose of Disbursement Reception Candidate Name ERIK P REP. PAUL SEN Office Sought: X House President State: MN District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF ERIIK PAUL SEN Mailing Address P.O. Box 44369 City Senate Primary X General Other (specify) ▼ Transaction ID: 9795 Date of Disbursement Office Sought: X House President State: MN District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF ERIIK PAUL SEN Mailing Address P.O. Box 44369 City Senate Primary X General Other (specify) ▼ Amount of Each Disbursement Mailing Address P.O. Box 44369 City Senate Primary X General Other (specify) ▼ Amount of Each Disbursement Mailing Address P.O. Box 44369 Amount of Each Disbursement Mailing Address P.O. Box 44369 City Senate Primary X General Other (specify) ▼ Amount of Each Disbursement Mailing Address P.O. Box 44369 Amount of Each Disbursement Mailing Address P.O. Box 44369 Amount of Each Disbursement | 25 2 29 3 | 22 X 23 24 | 21b | each category of the | RSEMENTS | EMIZED DISBUF | IT |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) FRIENDS OF DOC HASTINGS Mailing Address PO Box 2926 City State Zip Code WA 99302 Purpose of Disbursement Reception Candidate Name DOC HASTINGS Office Sought: X House Primary X General Prima | | | | | | | |
| Transaction ID: 9761 State Zip Code WA 99302 | ************************************** | not contabolicate non such conta | | | E (In Full) | NAME OF COMMITTEE | $\left\langle \right\rangle$ |
| City Pasco WA 99302 Purpose of Disbursement Reception Candidate Name DOC HASTINGS Office Sought: X House Senate President State: WA District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Office Sought: X House Senate Primary X General Date of Disbursement Mn 55344 Transaction ID: 9761 Date of Disbursement For: 2010 Amount of Each Disbursement For: 2010 Transaction ID: 9761 Date of Disbursement Date of Disbursement For: 2010 Amount of Each Disbursement For: 2010 Transaction ID: 9761 Date of Disbursement Date of Disbursement For: 2010 Amount of Each Disbursement Date of Disbursement For: 2010 Transaction ID: 9761 Date of Disbursement For: 2010 Candidate Name President State Vip Code Category' Type Office Sought: X House Senate Primary X General Other (specify) ▼ Transaction ID: 9795 Date of Disbursement For: 2010 Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City State Zip Code MN 55344 Amount of Each Disbursement For: 2010 Transaction ID: 9795 Date of Disbursement MN 55344 Amount of Each Disbursement For: 2010 Transaction ID: 9795 Date of Disbursement MN 55344 | | | | | • | • | <u></u> |
| Pasco WA 99302 Purpose of Disbursement Reception Candidate Name DOC HASTINGS Office Sought: | 2 0 1 0 ° | $\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$ | | |) Box 2926 | Mailing Address PO | |
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| Office Sought: | 3000.00 | 300 | 011 | | nt | Reception | |
| Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City State Zip Code Eden Prairie MN 55344 Purpose of Disbursement Reception Candidate Name ERIK P REP. PAULSEN Office Sought: X House President President State: MN District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Transaction ID: 9761 Date of Disbursement MN 55344 Amount of Each Disbursement Reception Other (specify) ▼ Transaction ID: 9795 Date of Disbursement Transaction ID: 9795 Date of Disbursement Mailing Address P.O. Box 44369 City State Zip Code Amount of Each Disbursement Mailing Address P.O. Box 44369 | | | | | | DOC HASTINGS | |
| Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City State Zip Code Eden Prairie MN 55344 Purpose of Disbursement Reception Candidate Name ERIK P REP. PAULSEN Office Sought: X House Primary General President State: MN District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City State Zip Code MN 55344 Transaction ID: 9795 Date of Disbursement Mailing Address P.O. Box 44369 City State Zip Code MN 55344 Amount of Each Disbursement Mailing Address P.O. Box 44369 | | | | ary X General | Senate Fresident C | Se Pr | |
| City State Zip Code MN 55344 Purpose of Disbursement Reception Candidate Name ERIK P REP. PAULSEN Office Sought: X House Primary X General Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City State Zip Code Amount of Each Disbursement MN 55344 Amount of Each Disbursement General Other (specify) ▼ Transaction ID: 9795 Date of Disbursement Mn 55344 | | | | | Middle Initial) | Full Name (Last, First, Mi | |
| Eden Prairie MN 55344 Purpose of Disbursement Reception | [°] 2 0 1 0 ° | $\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$ | | | O. Box 44369 | Mailing Address P.O | |
| Reception Candidate Name ERIK P REP. PAULSEN Office Sought: X House Senate Primary President State: MN District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City Eden Prairie Other (specify) State Zip Code MN State Amount of Each Disbursement MN S5344 | | Amount of Each Disbursement | | | | | |
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| Senate Primary X General Other (specify) ▼ State: MN District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City Eden Prairie Senate Primary X General Other (specify) ▼ Transaction ID: 9795 Date of Disbursement Mailing Address P.O. Box 44369 State Zip Code MN 55344 | | | ٠, | | SEN | | |
| FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City State Zip Code Amount of Each Disbursement MN 55344 | | | | ary X General | Senate Fresident C | Se Pr | |
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| Eden Prairie MN 55344 | žoťo | 03 / 09 / 2 | | | O. Box 44369 | Mailing Address P.O | |
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| , | First, Middle Initial) GINNY BROWN-W | /AITE | | | | | | | | | | : 97 | | | | |
| Mailing Address | PO Box 865 | | | | | | | 0 ^M | 3 ^M | / | D (| 9 0 | / Y | ž | 0 Ĭ 0 |) ^Y |
| City Brooksville | | Sta Fl | ate L | Zip Code 34605 | | | | Am | oun | t of | Each | n Dist | ourse | ment | this F | Perio |
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| Office Sought: | X House Senate President | | ent For: Primary Other (spe | 2010 General | | | | | | | | | | | | |
| State: FL | District: 05 | | - (5)50 | <i>→</i> | | | | L_ | | | | | | | | |
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| , | First, Middle Initial) JOHN BARROW | | | | | | | 1 | | | burs | : 97 emer | | | | |
| Mailing Address | PO Box 8166 | | | | | | | 0 ^M | 3 ^M | | D (| 9 9 | / Y | ž | οťο |) ^Y |
| City Savannah | | | ate A | Zip Code 31412 | | | | Am | oun | t of | Each | n Dist | ourse | | this F | |
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| Candidate Name JOHN J. BARF | | | | | | atego Type | | | | | | | | | | |
| Office Sought: | X House Senate President | | ent For: Primary Other (spe | 2010 X General | | | | | | | | | | | | |
| State: GA | District: 12 | | zaioi (spe | ,∪y) ▼ | | | | | | | | | | | | |
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SCHEDULE B (FEC Form 3X)

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| Full Name (Last, Fine FRIENDS OF JC Mailing Address | • | AVENUE STE L101 | | | Date | action ID: of Disburse | | ž 0 1 0 | Y |
| City SIOUX FALLS Purpose of Disburs | ement | State Zip Code SD 57104 | | | Amou | nt of Each | Disbursem | ent this P | - |
| breakfast 3.25 Candidate Name JOHN THUNE | onen. | | Ca | 011 tegory/ ype | | | | | |
| | | sement For: 2010 X Primary General Other (specify) | l | | | | | | |
| Full Name (Last, Find GEORGIANS FOr Mailing Address | | 0116 | | | Date | action ID: of Disburse | | ž 0 Ť 0 | Y |
| City ATLANTA | | State Zip Code GA 30325 | | | Amou | nt of Each | Disbursem | ent this P | eriod |
| Purpose of Disburs Dinner 3.23 Candidate Name JOHN HARDY IS | | | Ca | 011 tegory/ | | | | .000.00 | - |
| | House Disburs X Senate President District: 00 | sement For: 2010 Primary X General Other (specify) | - | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
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| Mailing Address | PO Box U | | | | 0 3 | 0 | 9 1 | ž 0 ĭ 0 | |
| City Marietta | | State Zip Code GA 30060 | | | Amou | nt of Each | Disbursem | ent this P | eriod |
| Purpose of Disburs Reception | ement | | _ | 011 | T L. | | | 3000.00 | |
| Candidate Name J. PHILLIP GINC | GREY | | | tegory/ ype | | | | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE | - | PAGE 86/99 |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 X 23 28b | 24 25 26 28c 29 30 |
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| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH U | NDERWRITERS PAC (F | HUPAC) | | |
| Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE | | | Transaction ID: Date of Disbursen | nent |
| Mailing Address PO Box 7255 | | | 03 / 15 | 2010 |
| Des Moines | State Zip Code IA 50309 | | Amount of Each D | Disbursement this Period |
| Purpose of Disbursement Bfast 3.16 Candidate Name | | 011 Category/ | | 1000.00 |
| HAWKEYE PAC, THE Office Sought: House Disburse | ment For: | Type | | |
| Senate President State: District: | Primary General Other (specify) | | | |
| Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS | | | Transaction ID: Date of Disbursen | nent |
| Mailing Address PO Box 8446 | | | 0 3 1 0 | 2010 |
| Asheville | State Zip Code NC 28814 | | Amount of Each D | Disbursement this Period 5000.00 |
| Purpose of Disbursement NAHU 3.10 Candidate Name JOSEPH HEATH SHULER | | 011 Category/ | | 3000.00 |
| Office Sought: X House Senate President State: NC District: 11 | ment For: 2010 Primary X General Other (specify) | Туре | | |
| Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS | | | Transaction ID: Date of Disbursen | nent |
| Mailing Address PO Box 750580 | | | 03 / 22 | 2010 |
| | State Zip Code NV 89136 | | Amount of Each D | Disbursement this Period |
| Purpose of Disbursement Dinner 3.24 | | 011 | | 1000.00 |
| Candidate Name DEAN HELLER | | Category/ Type | | |
| Office Sought: X House Disburse X Senate President State: NV District: 02 | ment For: 2010 Primary General Other (specify) | | | |
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| TEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 27 | CHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE | |
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| NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) JOHN DAVIDSON FOR CONGRESS Mailing Address 1710 N MOORPARK ROAD SUITE 18 City State Zip Code CA 91360 Purpose of Disbursement Candidate Name (Last, First, Middle Initial) State: CA District: 23 City State Zip Code CA 92516 Full Name (Last, First, Middle Initial) KEN CAL VERT FOR CONGRESS Mailing Address PO Box 20123 City State Zip Code CA 92516 City State Zip Code CA 92516 Purpose of Disbursement Dinner 3.30 City State Zip Code CA 92516 Candidate Name (Last, First, Middle Initial) KEN CAL VERT FOR CONGRESS Mailing Address PO Box 12667 City State: CA District: 44 Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS Mailing Address PO Box 12667 City State: CA 93389 Purpose of Disbursement Reception State: CA District: 44 Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS Mailing Address PO Box 12667 City State Zip Code CA 93389 Purpose of Disbursement Reception Candidate Name Reception Candidate Name President State: CA District: 44 Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS Mailing Address PO Box 12667 City State Zip Code CA 93389 Purpose of Disbursement Reception Candidate Name Reception Candidate Name President State: CA District: 44 Full Name (Last, First, Middle Initial) KEVIN MCCARTHY Office Sought: X House Senate President City General Disbursement Reception Candidate Name Reception Candidate Name President Candidate Name Presi | EMIZED DISBURSEMENTS | for each category of the | 21b | 22 X 23 24 25 |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) City THOUSAND OAKS CA 91360 Purpose of Disbursement Contribution to John Candidate Name JOHN DAVIDSON Office Sought: X House President Sitate: CA District: 23 Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS Mailing Address PO Box 20123 City State CA 92516 Purpose of Disbursement Candidate Name KENNNETH S MR. CALVERT Office Sought: X House President Senate President State: CA District: 43 Disbursement For: 2010 Candidate Name KEVIN MCCARTHY FOR CONGRESS Mailing Address PO Box 12667 City Senate President State: CA District: 44 Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS Mailing Address PO Box 20123 Transaction ID: 9891 Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Transaction ID: 9891 Date of Disbursement this Perio Category/ Type Transaction ID: 9891 Date of Disbursement this Perio Category/ Type Transaction ID: 9891 Date of Disbursement this Perio Category/ Type Transaction ID: 9754 Date of Disbursement this Perio Category/ Type Transaction ID: 9891 Date of Disbursement this Perio Category/ Type Transaction ID: 9891 | | | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | | | | FOR LIN | | NUMBER: PAGE 88 / 99 | | | | | 9 | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| NATIONAL ASSOCIATION OF HEALTH L | INDERWF | RITERS PAC (| HUP | P/ | AC) | | | | | | | | | |
| Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS | | | | | | | Date o | of Di | sburs | | 7 | | | _ |
| Mailing Address PO Box 12667 | | | | | | | 0 3 | М | [′] | 9 / | Y | ž (|) 1 0 | Y |
| City Bakersfield | State CA | Zip Code 93389 | | | | | Amou | nt of | f Each | Disbur | | | | - |
| Purpose of Disbursement VOID | | | | Ç | 11 | | L. | - | _ | | -(| 300 | 0.00 | |
| Candidate Name KEVIN MCCARTHY | | | | | egory/ ype | | | | | | | | | |
| Senate X President | ment For: Primary Other (spe | 2010 General | | | | | | | | | | | | |
| State: CA District: 22 | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS | | | | | | | Trans Date o | | sburs | | 3 | | | |
| Mailing Address P.O. Box 1530 | | | | | | | 0 3 | М | 1 | 7 / | Υ | ž (|) i 0 | Y |
| , | State NC | Zip Code 27209 | | | | | Amou | nt of | f Each | Disbur | sem | ent | this F | Period |
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| Candidate Name LARRY KISSELL | | | | | egory/ ype | | | | | | | | | |
| | ement For: Primary Other (spe | 2010 General | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | + | | | | 070 | | | | |
| KLINE FOR CONGRESS | | | | | | | Date o | | - | : 979 ement | 3 | V | V | V |
| Mailing Address 101 W Burnsville Pkwy S | Suite 104 | | | | | | 0,3 | IVI . | | 9 ′ | Ľ. | 2 (|) i 0 | |
| , | State MN | Zip Code 55337 | | | | | Amou | nt of | f Each | Disbur | | | | - |
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| Candidate Name JOHN P. KLINE | | | | | egory/ ype | | | | | | | | | |
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| State: MN District: 02 | . (5)50 | <i>→</i> / ▼ | | | | | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF | HEALTH UNI | DERWR | ITERS PAC (I | HUF | PAC) |) | | | | | | | |
| <u>v</u> | Full Name (Last, First, Middle Initial) KLINE FOR CONGRESS | | | | | | | | sactio | oursem | ent | | | |
| | Mailing Address 101 W Burnsy | ville Pkwy Sui | te 104 | | | | | 0 ^M 3 | M / | 0 9 | | Ž (|) 1 0 ` | |
| | City Burnsville | Sta MI | | Zip Code 55337 | | | | Amo | unt of E | ach D | isburse | - | | rio |
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| | Candidate Name JOHN P. KLINE | 1 | | | | atego Type | - | _ | | | | | | |
| | Office Sought: X House Senate President | | ent For: rimary ther (spec | 2010 General | | | | | | | | | | |
| | State: MN District: 02 Full Name (Last, First, Middle Initial) | | | | | | | Tran | sactio | ı ID: | 9863 | | | _ |
| | LANCE FOR CONGRESS Mailing Address BO Bay 205 | | | | | | | Date 0 3 | of Dist | oursem | | , , , , , , , , , , , , , , , , , , , |) 1 0 ` | Y |
| | Mailing Address PO Box 225 | | | | | | | | | • | | | | |
| | City Colonia | Sta No | | Zip Code 07067 | | | | Amo | unt of E | ach D | isburse | | | eric |
| | Purpose of Disbursement Reception 3.9 Candidate Name | | | | | 011 | | L. | • | | • | 300 | 0.00 | _ |
| | LEONARD LANCE | | | | | atego Type | - | | | | | | | |
| | Office Sought: X House Senate President State: NJ District: 07 | | ent For: rimary ther (spec | 2010 X General cify) ▼ | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS | | | | | | | Date | saction of Dist | oursem | ent | | | |
| | Mailing Address P.O. Box 71 | | | | | | | o [™] 3 | ivi / | 0 9 | | Ž (|) 1 0 ` | |
| | City Clarion | Sta IA | | Zip Code 50525 | | | | Amo | unt of E | ach D | isburse | - | | ric |
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| | Office Sought: X House Senate President | | ent For: rimary ther (spec | 2010 General cify) The state of the state | | | | | | | | | | |
| | State: IA District: 04 | | | | | | | | | | | | | |

| SC | CHEDULE B (FEC Form 3X) | Use separat | e schedule(s) | | FOR LINE | | R: | PA | AGE 90/ | 99 |
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| 1 \ | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH I | JNDERWRIT | ERS PAC (H | HUP/ | AC) | | | | | |
| | Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS | | | | | Date o | action ID of Disburs | ement | | |
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| | Office Sought: X House Senate President State: IA District: 04 | ement For: Primary Other (specif | 2010 General y) ▼ | | | | | | | |
| | Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS | | | | | | action ID | ement | | |
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| for commercial purposes, other than using the name | e and addres | ss of any political | commit | tee to s | solicit | contrib | oution | ns fr | om s | such | com | ımittee | | |
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| NATIONAL ASSOCIATION OF HEALTH U | JNDERWF | RITERS PAC (F | IUPAC | ;) | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) LINDER FOR CONGRESS | | | | | | Transa | | | - | | | | | |
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| Transaction ID: 9765 Date of Disbursement Reception Candidate Name MICHAEL BURGESS FOR CONGRESS Mailing Address PO Box 2334 Transaction ID: 9765 Date of Disbursement Reception Candidate Name MICHAEL Current Senate President State: TX District: 26 Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Purpose of Disbursement Reception Candidate Name MIKE MR. THOMPSON Office Sought: X House Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Purpose of Disbursement Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Purpose of Disbursement Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Purpose of Disbursement Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Purpose of Disbursement Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Purpose of Disbursement Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Purpose of Disbursement Sacramento Candidate Name MIKE MR. THOMPSON Office Sought: X House Purpose of Disbursement For: 2010 Transaction ID: 9751 Date of Disbursement this Per Category' Type Type Transaction ID: 9776 Date of Disbursement Dat | SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE I | |
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| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS Mailing Address PO Box 2334 City State Zip Code TX 76202 Purpose of Disbursement Reception Candidate Name Michael Initial President State: TX District: 28 Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City State Zip Code TX 76202 Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City State Zip Code CA 95841 Purpose of Disbursement Reception Candidate Name MilkE MR. THOMPSON City State Zip Code CA 95841 Purpose of Disbursement Reception Candidate Name MilkE MR. THOMPSON City State Zip Code CA 95841 Purpose of Disbursement Reception Candidate Name MIKE MR. THOMPSON City State Zip Code CA 95841 Purpose of Disbursement Reception Candidate Name MilkE MR. THOMPSON City State Zip Code CA 95841 President State: CA District: 01 Full Name (Last, First, Middle Initial) MINT POLITICAL ACTION COMMITTEE (MINT PAC) Mailing Address 228 S. Washington Street, Ste. 115 City State Zip Code VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. THOMPSON City State Zip Code VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. THOMPSON City State Zip Code VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. THOMPSON City State Zip Code VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. THOMPSON City State Zip Code VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. THOMPSON City State Zip Code VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. Thompson VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. Thompson VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. Thompson VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. Thompson VA 22314 Purpose of Disbursement Reception Candidate Name MilkE MR. Th | ITEMIZED DISBURSEMENTS | for each category of the | 21b | 22 X 23 24 25 |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS Mailing Address PO Box 2334 City Denton | | | | |
| MICHAEL BURGESS FOR CONGRESS Malling Address PO Box 2334 City State Zip Code TX 76202 Purpose of Disbursement Reception Candidate Name MICHAEL C. DR. BURGESS Office Sought: Y House Senate Primary X General Primary General | NAME OF COMMITTEE (In Full) | | | on contributions from sacrifications |
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| Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue City Sacramento CA 95841 Purpose of Disbursement Reception Candidate Name MIKE MR. THOMPSON Office Sought: Y House Senate President State: CA District: 01 Full Name (Last, First, Middle Initial) MINT POLITICAL ACTION COMMITTEE (MINT PAC) City Alexandria VA 22314 Purpose of Disbursement Reception Candidate Name MINT POLITICAL ACTION COMMITTEE (MINT PAC) Office Sought: House VA 22314 Purpose of Disbursement Reception Candidate Name MINT POLITICAL ACTION COMMITTEE (MINT PAC) Office Sought: House President VA 22314 Purpose of Disbursement Reception Candidate Name Mint POLITICAL ACTION COMMITTEE (MINT PAC) Office Sought: House President Senate Primary General Other (specify) President Other (specify) Office Sought: House Primary General Other (specify) Other (spe | Senate President | Primary X General | | |
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| City State Zip Code Purpose of Disbursement Reception Candidate Name PETER G OLSON Office Sought: X House President Sugar Land TX 77496 City Sugar Land TX 77496 City Sugar Land Disbursement For: 2010 Candidate Name PETER G OLSON City Sugar Land TX 77496 Purpose of Disbursement For: 2010 Candidate Name PETER G OLSON City Sugar Land TX 77496 Purpose of Disbursement Volid Candidate Name PETER G OLSON City State Zip Code TX 77496 Purpose of Disbursement Volid Candidate Name PETER G OLSON Office Sought: X House Senate President Other (specify) ▼ State: TX District: 22 Full Name (Last, First, Middle Initial) Category/ Type Category/ Type Transaction ID: 9802 Date of Disbursement this Transaction ID: 9802 Date of Disbursement this Category/ Type Transaction ID: 9803 Date of Disbursement this Transaction ID: 9803 Date of Dis | SCHEDULE B (| | Use ser | parate schedule(s) | FOR LINE | |
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| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE Mailing Address PO Box 16381 City State Zip Code TX 77496 Purpose of Disbursement Reception Candidate Name PETER G OLSON Office Sought: X House Sugar Land TX 77496 Purpose of Disbursement Sitate: TX District: 22 Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE Mailing Address PO Box 16381 Transaction ID: 9767 Date of Disbursement this Transaction ID: 9767 Date of Disbursement this Transaction ID: 9767 Date of Disbursement this Amount of Each Disbursement this Type Transaction ID: 9802 Date of Disbursement Office Sought: X House President State: TX District: 22 Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE Mailing Address PO Box 16381 Transaction ID: 9802 Date of Disbursement Office Sought: X House President State: TX District: 22 Full Name (Last, First, Middle Initial) State: TX District: 22 Full Name (Last, First, Middle Initial) City Winston-Salem NC 27113 Purpose of Disbursement Office Sought: House President Office Sought: House President Office Sought: President Office S | TEMIZED DISB | URSEMENTS | | | 21b | 22 X 23 24 25 |
| NAME OF COMMITTEE (in Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE Mailing Address PO Box 16381 City State Zip Code TX 77496 Purpose of Disbursement Reception Candidate Name PETER G OLSON Office Sought: X House Senate President State: TX District: 22 Full Name (Last, First, Middle Initial) City State Zip Code TX 77496 Disbursement For: 2010 Transaction ID: 9767 Date of Disbursement this Amount of Each Disbursement this 3000.0 Transaction ID: 9767 Date of Disbursement this Transaction ID: 9767 Date of Disbursement this 3000.0 Transaction ID: 9767 Date of Disbursement this Transaction ID: 9767 Date of Disbursement this 3000.0 Transaction ID: 9802 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Transaction ID: 9802 Date of Disbursement Office Sought: X House Senate President Other (specify) ▼ Type Transaction ID: 9802 Date of Disbursement Office Sought: X House Senate President Other (specify) ▼ Transaction ID: 9803 Date of Disbursement this Transaction ID: 9767 Date of Disbursement this Transaction ID: 9803 Date of Disbursement Office Sought: House Senate President Category/ Type Other (specify) ▼ Amount of Each Disbursement This Transaction ID: 9803 Date of Disbursement Office Sought: House Senate President Category/ Type Office Sought: House Senate President Cother (specify) ▼ Type Office Sought: House Senate President Cother (specify) ▼ Type Office Sought: House Senate President Cother (specify) ▼ Type Office Sought: House Senate President Cother (specify) ▼ Type T | | | | | | |
| OLSON FOR CONGRESS COMMITTEE Mailing Address PO Box 16381 City State Zip Code TX 77496 Purpose of Disbursement Reception Candidate Name President State: TX District: 22 Full Name (Last, First, Middle Initial) Candidate Name PETER G OLSON Office Sought: X House President State: TX District: 22 Full Name (Last, First, Middle Initial) Candidate Name PETER G OLSON Office Sought: X House President State: TX District: 22 Full Name (Last, First, Middle Initial) Candidate Name PETER G OLSON Office Sought: X House President State: TX District: 22 Full Name (Last, First, Middle Initial) TX 77496 Purpose of Disbursement Volid Candidate Name PETER G OLSON Office Sought: X Primary General President State: TX District: 22 Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE Mailing Address POST OFFICE BOX 5928 City State Zip Code NC 27113 Purpose of Disbursement Volid Category' Type Office Sought: NC 27113 Purpose of Disbursement Using Address POST OFFICE BOX 5928 City State Zip Code NC 27113 Purpose of Disbursement Using Address POST OFFICE BOX 5928 City State Zip Code NC 27113 Purpose of Disbursement Using Address POST OFFICE BOX 5928 City State Zip Code NC 27113 Purpose of Disbursement Using Address Post OfFice Box 5928 City State Zip Code NC 27113 Purpose of Disbursement Using Address Post OfFice Box 5928 City State Zip Code NC 27113 Purpose of Disbursement Using Address Post OfFice Box 5928 City State Zip Code NC 27113 Purpose of Disbursement Using Address Post OfFice Box 5928 City State Zip Code NC 27113 Purpose of Disbursement Using Address Post OfFice Box 5928 City State Zip Code NC 27113 Purpose of Disbursement Using Address Post Office Sought: A Amount of Each Disbursement Using Address Post Office Sought: A Amount of Each Disbursement Using | NAME OF COMMIT | TEE (In Full) | | | | |
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| VOLUNTEERS FOR S | , | | | | | Date | of Disburs | - | Y Y Y | Υ |
| Mailing Address PO I | Box 5458 | | | | | 0,3 | | 9 / | ž 0 1 (|) |
| City Springfield | | State IL | Zip Code 62705 | | | Amou | ınt of Each | Disburser | | |
| Purpose of Disbursement Reception | | | | | 011 | | | | 3000.00 |) |
| Candidate Name JOHN M SHIMKUS | | | | | tegory/ Γype | | | | | |
| Pre | nate esident | Primary Other (spe | 2010 X General | | | | | | | |
| State: IL District Full Name (Last, First, Michael Full Name) | | | | | | Trans | saction ID | : 9773 | | |
| WALDEN FOR CONG | | | | | | | of Disburs | | ž 0 1 (| Y |
| | Box 1091 | | 7. 0. | | | | | | | |
| City Hood River | | State OR | Zip Code 97031 | | | Amou | int of Each | Disburser | nent this I 3000.00 | |
| Purpose of Disbursement Reception | | | | | 011 | | | | 5500.00 | |
| Candidate Name GREGORY P WALDE | | | | | tegory/ Γype | | | | | |
| Pre | nate 2 esident | sement For: X Primary Other (spe | 2010 General | | | | | | | |
| State: OR Distric | t: 02 | | | | | | | | | |
| | | | | | | | | | | |

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|---|---|----------------------|--|
| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only | NUMBER: PAGE 98 / 99 / one) 22 |
| Any Information copied from such Reports and Stater or for commercial purposes, other than using the name | | oy any person f | or the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH L | JNDERWRITERS PAC (H | UPAC) | |
| Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS CON | MITTEE | | Transaction ID: 9752 Date of Disbursement |
| Mailing Address PO Box 1500 | | | $\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & D \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 & 1 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix}$ |
| City Chico | State Zip Code CA 95927 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Reception | | 011 | 3000.00 |
| Candidate Name WALLY HERGER | | Category/ Type | |
| Senate President | ement For: 2010 Primary X General Other (specify) | | |
| State: CA District: 02 Full Name (Last, First, Middle Initial) | | | Transaction ID: 9912 |
| WIN BACK AMERICA POLITICAL ACTIO | N COMMITTEE | | Date of Disbursement |
| Mailing Address PO BOX 1131 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| City ANDERSON | State Zip Code IN 46015 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution | | 011 | 1000.00 |
| Candidate Name WIN BACK AMERICA POLITICAL ACTIO | N COMMITTEE | Category/ Type | |
| Office Sought: House Disburs Senate President | ement For: Primary General Other (specify) | | |

| SUBTOTAL of Disbursements This Page (optional) | | 4000.00 |
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| SCHEDULE B (FEC Form 3X) | | | F | OR LIN | IE N | E NUMBER: PAGE 99/99 | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | | ١, | ((| check o | nly o | , | | | _ | | _ | | _ | |
| | Detailed Sum | nmary Page | | L | 21b 27 | \forall | 22 28a | Н | 23 28b | F | 24 28c | \vdash | 25 29 | 26 30b | |
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| or for commercial purposes, other than using the name | ne and address o | f any political | comi | ım | ittee to | solic | t conti | ribut | ions fr | or | n such | comi | mittee | | |
| NAME OF COMMITTEE (In Full) | MDEDWOIT | | | | O) | | | | | | | | | | |
| NATIONAL ASSOCIATION OF HEALTH | JNDERWRITE | ERS PAC (F | HUP | Ά | C) | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on ID | : | 9899 | | | | |
| Jeffrey S. Bensman | | | | | | | | _ | isburs | | | | | | |
| Mailing Address 300 W Nokomis Ct | | | | | | | 0 ^M 3 | М | [/] 2 | 2 (| 5 / | 2 | 010 | o ^Y | |
| City | | p Code | | | | | Amou | ınt o | f Each | ı E | Disburse | mer | nt this | Period | |
| Milwaukee Purpose of Disbursement | VVI 5 | 3217 | _ | | | | | | | | | | 20.00 |) | |
| contribution refunded | | | | 0 | 10 | | | 0 | - | - | | _ | | | |
| Candidate Name Jeffrey S. Bensman | | | | | gory/ | | | | | | | | | | |
| | ement For: | | | IУ | pe | - | | | | | | | | | |
| Senate Stugrit. | Primary | General | | | | | | | | | | | | | |
| President | Other (specify | ▼ | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Michael Maguire | | | | | | | | | on ID | | 9882 ment | | | | |
| | | | | | | | | М | | 2 2 | | ر ک | 0 1 (| Y | |
| Mailing Address 1771 State Route 34 Ste | 2 | | | | | | 0.3 | | - | 2 2 | 2 | - 2 | 2010 | J | |
| City | | p Code | | | | | Amou | ınt o | f Each | 1 E | Disburse | mer | nt this | Period | |
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| Candidate Name | | | Ca | ate | gory/ | | | | | | | | | | |
| Michael Maguire | | | 7 | Ту | pe | | | | | | | | | | |
| Office Sought: House Disburs Senate | ement For: Primary | General | | | | | | | | | | | | | |
| President | Other (specify | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Nancy Valdez | | | | | | | | | ion ID isburs | | 9900 | | | | |
| | | | | | | | 0 3 | м | / D 2 | | | ر ٠ | 0 1 (| Y | |
| Mailing Address 9005 Jewel Terrace St | | | | | | | 0 3 | | 2 | 2 ; | b | 2 | 2010 |) | |
| City Anchorage | | p Code 9502 | | | | | Amou | ınt o | f Each | n E | Disburse | emer | nt this | Period | |
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| Candidate Name | | | | | 10 gory/ | | | | | | | | | | |
| Nancy Valdez | | | | | pe , | | | | | | | | | | |
| | ement For: Primary | Conoral | | | | | | | | | | | | | |
| Senate President | Other (specify | General) ▼ | | | | | | | | | | | | | |
| State: District: | | · • | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | | | | • | | | | | 60.00 | | |
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