

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 1212 NEW YORK AVE NW

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00283135

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 03 / 01 / 2013 through [MM] / [DD] / [YYYY] 03 / 31 / 2013

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date 04 / 10 / 2013

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		88834.18
(b) Cash on Hand at Beginning of Reporting Period.....	137026.99	
(c) Total Receipts (from Line 19)	40842.79	149638.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	177869.78	238472.80
7. Total Disbursements (from Line 31).....	85433.11	146036.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	92436.67	92436.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2013 To: M M / D D / Y Y Y Y 03 / 31 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19378.66	65440.29
(ii) Unitemized	21464.09	84198.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40842.75	149638.54
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	40842.75	149638.54
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.04	0.08
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40842.79	149638.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40842.79	149638.62

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2933.11	6996.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2933.11	6996.13
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82500.00	139000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	40.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	40.00
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	85433.11	146036.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85433.11	146036.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	40842.75	149638.54
34. Total Contribution Refunds (from Line 28(d))	0	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40842.75	149598.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2933.11	6996.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2933.11	6996.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Jeff Ahrendsen		Date of Receipt 03 / 25 / 2013 Transaction ID : 14671-P71649
Mailing Address 111 S Tejon St., Suite 113		Amount of Each Receipt this Period 100.00
City Colorado Springs	State CO	Zip Code 80903
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)	
Name of Employer Benefit Resources, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Terry Allard		Date of Receipt 03 / 25 / 2013 Transaction ID : 14671-P71707
Mailing Address 3000 A Street, Suite 400		Amount of Each Receipt this Period 85.00
City Anchorage	State AK	Zip Code 99503
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer The Wilson Agency, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt 03 / 25 / 2013 Transaction ID : 14667-P70871
Mailing Address 6102 82nd St, Bldg #6		Amount of Each Receipt this Period 170.00
City Lubbock	State TX	Zip Code 79423
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer Ashmore & Associates Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

SUBTOTAL of Receipts This Page (optional).....▶	355.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rick D. Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 4390 Earney Road, Suite 240

City	State	Zip Code
Woodstock	GA	30188

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

Name of Employer	Occupation
Rick Bailey & Company, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71394

Amount of Each Receipt this Period
135.00

Payroll Deduction
(\$135.00 Monthly)

B. Brock Baker
Full Name (Last, First, Middle Initial)

Mailing Address 4219 Hillsboro Road, Suite 213

City	State	Zip Code
Nashville	TN	37215-

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

Name of Employer	Occupation
Baker Benefits Corporation	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2013

Transaction ID : 14591

Amount of Each Receipt this Period
500.00

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

Mailing Address 1277 Deming Way

City	State	Zip Code
Madison	WI	53717

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

Name of Employer	Occupation
Dean Health Plan	Director Group Retention

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14667-P70749

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	805.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Marie D. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 4th Ave S. #1500
 City State Zip Code
 Minneapolis MN 55415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DeRuyter Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14667-P70750
 Amount of Each Receipt this Period
 72.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Bruce D. Benton
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 56149
 City State Zip Code
 Sherman Oaks CA 91413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Genesis Financial & Insurance Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14667-P70962
 Amount of Each Receipt this Period
 170.00
 Payroll Deduction
 (\$170.00 Monthly)

C. David A Berman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6510 N. Shadeland Avenue
 City State Zip Code
 Indianapolis IN 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Neace Lukens Holding Company, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14667-P70701
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	327.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71556

Amount of Each Receipt this Period **250.00**

Payroll Deduction
(\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. James P Better

Mailing Address 11 Summer Street, Suite 6

City Chelmsford State MA Zip Code 01824

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

Name of Employer New England Medical Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71106

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Robert J Bishop

Mailing Address 205 E. Warm Springs Rd., Suite 108

City Las Vegas State NV Zip Code 89119

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

Name of Employer National Healthcare Access Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71715

Amount of Each Receipt this Period **100.00**

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **435.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James C. Bosier		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71360
Mailing Address 602 Main Street		Amount of Each Receipt this Period 85.00
City Cedar Falls	State IA	Zip Code 50613
FEC ID number of contributing federal political committee. C	Name of Employer The Accel Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Victoria J. Braden		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14667-P70783
Mailing Address 5726 Fairley Hall Court		Amount of Each Receipt this Period 250.00
City Norcross	State GA	Zip Code 30092
FEC ID number of contributing federal political committee. C	Name of Employer Braden Benefit Strategies, Inc	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		Payroll Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) C. Hazel D. Bright		Date of Receipt MM / DD / YYYY 03 / 09 / 2013 Transaction ID : 14598
Mailing Address 1470 Enea Circle, #1725		Amount of Each Receipt this Period 500.00
City Concord	State CA	Zip Code 94520-
FEC ID number of contributing federal political committee. C	Name of Employer HB Resources Insurance Service	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	835.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address P.O. Box 1490,

City Jackson State MS Zip Code 39215

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

Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : 14671-P71402

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Patrick Burns

Mailing Address 5653 Maxwellton Road

City Oakland State CA Zip Code 94618

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

Name of Employer Burns Employee Benefits Insurance Ser Occupation Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : 14671-P71719

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joseph W. Buyalos

Mailing Address 9713 Key West Ave, Suite 401

City Rockville State MD Zip Code 20850

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

Name of Employer The Insurance Exchange, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : 14671-P71142

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Kareim R. Cade
 Full Name (Last, First, Middle Initial)
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Lakes Benefit Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14667-P70705
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. David A. Cagliola
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Liberty Ridge Drive, Suite 3
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radnor Benefits Group, Inc. Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14671-P71143
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Louie L. Cason
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cason Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14671-P71412
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Russell B. Childers
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1547

City Americus	State GA	Zip Code 31709
------------------	-------------	-------------------

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

Name of Employer Russ Childers, CLU	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14667-P70788

Amount of Each Receipt this Period
90.00

Payroll Deduction
(\$90.00 Monthly)

B. Dorothy M. Cociu
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 6677

City Fullerton	State CA	Zip Code 92834
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71724

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Carolyn Cook Conner
Full Name (Last, First, Middle Initial)
Mailing Address 169 Yankee Paradise Road

City Hazlehurst	State GA	Zip Code 31539-
--------------------	-------------	--------------------

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

Name of Employer Cook Insurance Agency, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

Transaction ID : 14651

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 15800 Crabbs Branch Way #350

City Rockville	State MD	Zip Code 20855
-------------------	-------------	-------------------

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

Name of Employer Independent Benefit Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14667-P70681

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 6428 Wilcot Ct.

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer Marsh U.S. Consumer	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14667-P70755

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Steven G. Cosby

Mailing Address 53 South 3rd Street Ste 220

City Warrenton	State VA	Zip Code 20186
-------------------	-------------	-------------------

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

Name of Employer Cosby Insurance Group	Occupation President & CEO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71146

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Reed Damron
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, Suite 250
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HIRE Benefits, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14671-P71419
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

B. Johnny Lee Dawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 921-C S. McPherson Church Road
 City Fayetteville State NC Zip Code 28305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ebenconcepts Broker/Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 395.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14671-P71421
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction
 (\$100.00 Monthly)

C. Teresa F. DeBruin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway Suite 230
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DeBruin Benefit Services, Inc./ The L Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 301.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14671-P71422
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	227.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Rush David Dixon
Full Name (Last, First, Middle Initial)
Mailing Address 15200 Omega Drive, #100

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2013

Transaction ID : 14671-P71150

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Steve H. Dodder
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2069

City Monument	State CO	Zip Code 80132
------------------	-------------	-------------------

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

Name of Employer Assurant Health	Occupation Regional Sales Director
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2013

Transaction ID : 14671-P71660

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Eugene Ebersole
Full Name (Last, First, Middle Initial)
Mailing Address 201 Evans Road Building 3, Suite

City Harahan	State LA	Zip Code 70123
-----------------	-------------	-------------------

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

Name of Employer LouisianaBenefits.com	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2013

Transaction ID : 14671-P71577

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Michael A. Embry			Date of Receipt
Mailing Address 26240 Wacker Dr.			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 14633
Chesterfield Twp.	MI	48051-	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		Aggregate Year-to-Date ▼
Comerica Insurance Services, Inc.	VP - Group Benefits Division		
Receipt For:			
<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="text" value="320.00"/>
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Michael A. Embry			Date of Receipt
Mailing Address 26240 Wacker Dr.			<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 14671-P71254
Chesterfield Twp.	MI	48051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="170.00"/>
Name of Employer	Occupation		Payroll Deduction
Comerica Insurance Services, Inc.	VP - Group Benefits Division		(\$170.00 Monthly)
Receipt For:			
<input type="checkbox"/> Primary <input type="checkbox"/> General			Aggregate Year-to-Date ▼
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="490.00"/>

Full Name (Last, First, Middle Initial) C. Nicole Fairbairn			Date of Receipt
Mailing Address 8069 Little Circle Road			<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 14671-P71260
Noblesville	IN	46060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		Payroll Deduction
Creative Insurance Concepts, Inc.	President		(\$30.00 Monthly)
Receipt For:			
<input type="checkbox"/> Primary <input type="checkbox"/> General			Aggregate Year-to-Date ▼
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="265.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Cheryl S. Farmer		Date of Receipt
Mailing Address 5010 Carrage Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Evansville	IN	47716
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 14671-P71261
Health Resources Inc.	Regional Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Jeffrey R Fishback		Date of Receipt
Mailing Address 736 Johnson Ferry Road Building C		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Marietta	GA	30068-
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 14671-P71436
Purchasing Alliance Solutions, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Barry J. Fisher		Date of Receipt
Mailing Address 7343 El Camino Real		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Atascadero	CA	93422
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 14671-P71737
Barry J. Fisher Insurance Marketing	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="255.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Erin B. Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Courtland Avenue # 6
 City Stamford State CT Zip Code 06902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Find Medicare Plans Occupation Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **411.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71110
 Amount of Each Receipt this Period **87.00**
 Payroll Deduction (\$87.00 Monthly)

B. Brenda Florida
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 North 12th St.
 City Lemoyne State PA Zip Code 17043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer easyStreet Insurance Services Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71158
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Kelly Don Fristoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 8th Street, Suite 300
 City Wichita Falls State TX Zip Code 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Financial Partners Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **790.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14667-P70888
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **202.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Michelle Fuller

Mailing Address 16 Thompson Park P.O. Box 1976

City Hattiesburg State MS Zip Code 39403

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

Name of Employer BancorpSouth Insurance Services, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71440

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 3342 Kori Road

City Jacksonville State FL Zip Code 32257-

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

Name of Employer JP Perry Insurance, Inc. Occupation Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71441

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 14010 FNB Pkwy Ste 300

City Omaha State NE Zip Code 68154

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

Name of Employer The Harry A. Koch Co Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14667-P70760

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Charles T. Gartlan
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Tarworth Terrace
 City Manchester State NJ Zip Code 08759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson, Reid & Co. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71161
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

B. Chad Gay
 Full Name (Last, First, Middle Initial)
 Mailing Address 812 Comer Circle
 City Birmingham State AL Zip Code 35216-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cahaba Benefits Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 22 / 2013
Transaction ID : 14652
 Amount of Each Receipt this Period 365.00

C. Jeffrey Wm. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd Ste 141, P
 City Glendale State AZ Zip Code 85310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Insurance Brokers, Inc. Occupation Pres.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71664
 Amount of Each Receipt this Period 78.00
 Payroll Deduction (\$78.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	543.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julie Reno George
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 25172
 City Winston Salem State NC Zip Code 27114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegacy FCU Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71445
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Michael Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Dutch Square Blvd., Suite 115
 City Columbia State SC Zip Code 29210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gibson & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71446
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Richard R. Girdler
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Seaboard Lane, Suite C-170
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cowan Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71447
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 68 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Arthur Granado			Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14667-P70893		
Mailing Address 418 Peoples, # 505			Amount of Each Receipt this Period 85.00		
City Corpus Christi	State TX	Zip Code 78401	Payroll Deduction (\$85.00 Monthly)		
FEC ID number of contributing federal political committee. C					
Name of Employer The Granado Group		Occupation Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

Full Name (Last, First, Middle Initial) B. Michael D. Gray			Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14667-P70762		
Mailing Address 233 South 13th Street, Suite 1650			Amount of Each Receipt this Period 85.00		
City Lincoln	State NE	Zip Code 68508	Payroll Deduction (\$85.00 Monthly)		
FEC ID number of contributing federal political committee. C					
Name of Employer The Harry A. Koch Co		Occupation Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00			

Full Name (Last, First, Middle Initial) C. Patricia A. Griffey			Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71271		
Mailing Address 53800 Generations Drive			Amount of Each Receipt this Period 85.00		
City South Bend	State IN	Zip Code 46635	Payroll Deduction (\$85.00 Monthly)		
FEC ID number of contributing federal political committee. C					
Name of Employer Page 1 Benefits, Inc.		Occupation Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00			

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Craig Gussin		Date of Receipt 03 / 25 / 2013 Transaction ID : 14671-P71748
Mailing Address 4330 La Jolla Village Dr.,# 330		Amount of Each Receipt this Period 95.00
City San Diego	State CA	Zip Code 92122
FEC ID number of contributing federal political committee. C	Name of Employer Auerbach & Gussin Insurance and Finan	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	
		Payroll Deduction (\$95.00 Monthly)

Full Name (Last, First, Middle Initial) B. Teresa Gutierrez		Date of Receipt 03 / 25 / 2013 Transaction ID : 14671-P71450
Mailing Address 12833 River Dance Dr.		Amount of Each Receipt this Period 85.00
City Raleigh	State NC	Zip Code 27613
FEC ID number of contributing federal political committee. C	Name of Employer JBA Benefits, Inc.	Occupation President/Managing Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Christopher S. Harrison		Date of Receipt 03 / 25 / 2013 Transaction ID : 14671-P71453
Mailing Address 921-C South McPherson Church Road		Amount of Each Receipt this Period 410.00
City Fayetteville	State NC	Zip Code 28303
FEC ID number of contributing federal political committee. C	Name of Employer Ebenconcepts Company	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.00	
		Payroll Deduction (\$410.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	590.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 550 Boardwalk Blvd.

City Bossier City State LA Zip Code 71111

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

Name of Employer Benefit Consulting Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71590

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Dan M. Heffley
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 50031

City Henderson State NV Zip Code 89016

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

Name of Employer Employer Benefit Source, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71754

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Timothy J. Hendricks
Full Name (Last, First, Middle Initial)

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012

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

Name of Employer Business Planning Group Of OK Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14667-P70901

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 19310 Sonoma Highway, #A

City Sonoma	State CA	Zip Code 95476
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71755

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 38176 Medical Center Avenue

City Zephyrhills	State FL	Zip Code 33540
---------------------	-------------	-------------------

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

Name of Employer The Canadian Drugstore	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71455

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Al Hombroek

Mailing Address 30 Lumpkin St, Suite D

City Lawrenceville	State GA	Zip Code 30046
-----------------------	-------------	-------------------

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

Name of Employer Multiple Benefits Corporation	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71459

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kymberly J. Hopwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Water Street, 7th Floor
 City Oakland State CA Zip Code 94607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dealey, Renton & Associates Occupation Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71758
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Julie A. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Faunce Corner Rd Bldg 100, Su
 City Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Vice President, Employee Benef
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71117
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Cerrina Jensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2520 Venture Oaks Way #240
 City Sacramento State CA Zip Code 95833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Armstrong @ Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14667-P70970
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 212.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt
Mailing Address 1482 Baron Court		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Stone Mountain	GA	30087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 14671-P71466
Name of Employer	Occupation	Amount of Each Receipt this Period
David S. Johnson Insurance	Agent	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	(\$250.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Suzanne K. Johnson		Date of Receipt
Mailing Address 6235 Morrison Boulevard, Suite 302		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28211
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 14671-P71465
Name of Employer	Occupation	Amount of Each Receipt this Period
Strategic Employee Benefit Services	President	<input type="text" value="42.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="626.00"/>	(\$42.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. George R. Keeling		Date of Receipt
Mailing Address P.O. Drawer K-1630 507 Avenue G		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Levelland	TX	79336
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 14667-P70905
Name of Employer	Occupation	Amount of Each Receipt this Period
George R. Keeling Insurance Agency	Broker	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="377.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Tamara P. Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 7740 N. 16th Street, #110

City Phoenix State AZ Zip Code 85020-

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

Name of Employer Rogers Benefit Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71668

Amount of Each Receipt this Period **200.00**

Payroll Deduction
(\$200.00 Monthly)

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

Mailing Address 300 W Vine St Ste 1600

City Lexington State KY Zip Code 40507

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

Name of Employer Humana Occupation CHC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71290

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address PO Box 507

City Carrollton State GA Zip Code 30112-

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

Name of Employer J. Smith Lanier & Co., Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **03 / 06 / 2013**

Transaction ID : 14586

Amount of Each Receipt this Period **850.00**

SUBTOTAL of Receipts This Page (optional)..... **1135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 507

City State Zip Code
Carrollton GA 30112-

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

Name of Employer Occupation
J. Smith Lanier & Co., Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2013
Transaction ID : 14587

Amount of Each Receipt this Period
150.00

B. Linda Rose Koehler
Full Name (Last, First, Middle Initial)

Mailing Address 235 Main St

City State Zip Code
Pleasanton CA 94566-

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

Name of Employer Occupation
Herzog Insurance Agency Health Benefits Insurance Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013
Transaction ID : 14667-P70972

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Eric Kohlsdorf
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Ingersoll Ave Suite 200

City State Zip Code
Des Moines IA 50309

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

Name of Employer Occupation
Prisma Strategies President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013
Transaction ID : 14667-P70767

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Daniel C LaBroad
 Full Name (Last, First, Middle Initial)
 Mailing Address 6315 Crested Butte Drive
 City Dallas State TX Zip Code 75252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ovation Health & Life Services, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71596
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Karen B. Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 435 Washington Street PO Box 50
 City Hackettstown State NJ Zip Code 07840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leonard Financial Group, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71178
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Robert Lindsay
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Emerson Place
 City Davenport State IA Zip Code 52801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services, Inc. Occupation Area Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71370
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John T. Lockard
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1688

City Pascagoula	State MS	Zip Code 39568-
FEC ID number of contributing federal political committee. C		
Name of Employer Lockard & Williams Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
03 / 22 / 2013
Transaction ID : 14653

Amount of Each Receipt this Period
500.00

B. Juan R. Lopez
Full Name (Last, First, Middle Initial)
Mailing Address 1851 E. First, #1100

City Santa Ana	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Permanente	Occupation Area Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Date of Receipt
03 / 25 / 2013
Transaction ID : 14671-P71768

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Maurice Lyons
Full Name (Last, First, Middle Initial)
Mailing Address 301 Madison Avenue, 4th Floor

City New York	State NY	Zip Code 10017-
FEC ID number of contributing federal political committee. C		
Name of Employer The Medical Link, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Date of Receipt
03 / 05 / 2013
Transaction ID : 14579

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	735.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Maurice Lyons
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Madison Avenue, 4th Floor
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medical Link, Inc. Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71121
 Amount of Each Receipt this Period **250.00**
 Payroll Deduction (\$250.00 Monthly)

B. Benji Marrs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Rd
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Benefit Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71301
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Michael E. Matznick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Battleground Ave., #320
 City Greensboro State NC Zip Code 27410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EbenConcepts Company Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71486
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **435.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John R. McConaughey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JRM & Associates Agency, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **314.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71305
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction
 (\$42.00 Monthly)

B. Ward McKalson
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 E Blanco Rd., Ste 103
 City Salinas State CA Zip Code 93901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Central Coast Insurance Servi Occupation Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71775
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

C. Brian McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Elm Street, Suite 301
 City Manchester State NH Zip Code 03101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Granite Group Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71123
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **212.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 501 N. Riverpoint Blvd., Ste 125

City Spokane State WA Zip Code 99202-

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

Name of Employer PayneWest Insurance Occupation Benefits Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71776

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 312 E. Main Street

City Salisbury State MD Zip Code 21802

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

Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71186

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

C. Norman Joseph Michaels
Full Name (Last, First, Middle Initial)

Mailing Address 80 Business Park Drive Ste 306

City Armonk State NY Zip Code 10504

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

Name of Employer Michaels & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71124

Amount of Each Receipt this Period **250.00**

Payroll Deduction
(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **420.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Jeffrey R. Miles		Date of Receipt
Mailing Address 4300 Wallace Ln		MM / DD / YYYY 03 / 25 / 2013
City	State	Zip Code
Nashville	TN	37215
FEC ID number of contributing federal political committee.	C	Transaction ID : 14671-P71778
Name of Employer	Occupation	Amount of Each Receipt this Period
The Miles Organization, Inc.	Broker	85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	255.00	(\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Dennis F. Mobley		Date of Receipt
Mailing Address 137 Executive Drive Suite D		MM / DD / YYYY 03 / 22 / 2013
City	State	Zip Code
Madison	MS	39110-
FEC ID number of contributing federal political committee.	C	Transaction ID : 14654
Name of Employer	Occupation	Amount of Each Receipt this Period
Mobley Insurance Agency, LLC	Office Manager	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	350.00	

Full Name (Last, First, Middle Initial) C. Dennis F. Mobley		Date of Receipt
Mailing Address 137 Executive Drive Suite D		MM / DD / YYYY 03 / 25 / 2013
City	State	Zip Code
Madison	MS	39110
FEC ID number of contributing federal political committee.	C	Transaction ID : 14667-P70820
Name of Employer	Occupation	Amount of Each Receipt this Period
Mobley Insurance Agency, LLC	Office Manager	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	400.00	(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	385.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ray M. Musser
Full Name (Last, First, Middle Initial)

Mailing Address 404 North Second Avenue, Suite E

City Upland	State CA	Zip Code 91786
----------------	-------------	-------------------

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

Name of Employer Ray Musser & Associates Insurance Ser	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71780

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 32110 Agoura Rd

City Westlake Village	State CA	Zip Code 91361
--------------------------	-------------	-------------------

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

Name of Employer Warner Pacific Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71781

Amount of Each Receipt this Period
416.66

Payroll Deduction
(\$416.66 Monthly)

C. Krista Palmer-Voyce
Full Name (Last, First, Middle Initial)

Mailing Address 4851 LBJ FWY, Ste 100

City Dallas	State TX	Zip Code 75244
----------------	-------------	-------------------

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

Name of Employer BenefitMall	Occupation Carrier Relations
---------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71615

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	531.66
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John C. Parker
Full Name (Last, First, Middle Initial)

Mailing Address 47 Laurel Hill Drive

City Niantic State CT Zip Code 06357

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

Name of Employer Parker Agency Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14667-P70678

Amount of Each Receipt this Period **100.00**

Payroll Deduction
(\$100.00 Monthly)

B. Jesse A. Patton
Full Name (Last, First, Middle Initial)

Mailing Address 1112 Maple Street

City West Des Moines State IA Zip Code 50265

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

Name of Employer Associations Marketing Group, Inc. Occupation CEO/President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71374

Amount of Each Receipt this Period **350.00**

Payroll Deduction
(\$350.00 Monthly)

C. Ross W. Pendergraft
Full Name (Last, First, Middle Initial)

Mailing Address 21600 Oxnard Street, 8th Floor

City Woodland Hills State CA Zip Code 91367

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71786

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	535.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Juna M. Penney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2091 Shepherdia Drive
 City Anchorage State AK Zip Code 99508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health & Services Alaska Occupation Region Manager, Payer Relation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71787
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Tom G. Polenzani
 Full Name (Last, First, Middle Initial)
 Mailing Address 3452 E. Foothill Blvd. #514
 City Pasadena State CA Zip Code 91107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71789
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

C. Robert P. Poli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Executive Boulevard, Suite 1
 City Rockville State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Marketing Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71196
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 340.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kathy M. Rainwater
Full Name (Last, First, Middle Initial)

Mailing Address 515 West Southwest Loop 323

City Tyler State TX Zip Code 75701

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

Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14667-P70917

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Susan Maley Rash
Full Name (Last, First, Middle Initial)

Mailing Address 2108 West Laburnum Avenue, Suite

City Richmond State VA Zip Code 23227

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71198

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

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

Mailing Address 13800 Jackson Road

City Mishawaka State IN Zip Code 46544

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

Name of Employer Keystone Insurers Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71319

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 340.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. R Dane Rianhard		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71200
Mailing Address 1 E. Pratt St., Unit 902		Amount of Each Receipt this Period 85.00
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer FranklinMorris	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Shan Ricketts		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71512
Mailing Address 736 Johnson Ferry Road Building C		Amount of Each Receipt this Period 85.00
City Marietta	State GA	Zip Code 30068
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Purchasing Alliance Solutions, Inc.	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Michael A. Rivera		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71622
Mailing Address 12200 Northwest Frwy, Suite 662		Amount of Each Receipt this Period 85.00
City Houston	State TX	Zip Code 77092
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Northwest General Insurance	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph K. Roberts		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14667-P70771
Mailing Address 7101 S. 82nd St., #B		Amount of Each Receipt this Period 170.00
City Lincoln	State NE	Zip Code 68516
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$170.00 Monthly)
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. William T. Robinson		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14667-P70980
Mailing Address 1775 E Palm Canyon Dr, Ste 110 -		Amount of Each Receipt this Period 85.00
City Palm Springs	State CA	Zip Code 92264
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Palm Canyon Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Mark Rose		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71797
Mailing Address 14432 SE Eastgate Way Ste 400		Amount of Each Receipt this Period 170.00
City Bellevue	State WA	Zip Code 98007
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$170.00 Monthly)
Name of Employer The Partners Group	Occupation Vice President Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Francis A. Ruggiero

Mailing Address 15 Kennedy Drive

City Budd Lake State NJ Zip Code 07828

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

Name of Employer Slattery GA a division of Bollinger Occupation Director of Broker Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : **14671-P71204**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Gregory S. Sailer

Mailing Address 8623 Eagle Point Blvd.

City Lake Elmo State MN Zip Code 55042

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

Name of Employer Sailer Benefit Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : **14671-P71377**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Stephen J. Salamon

Mailing Address P.O. Box 4252

City Timonium State MD Zip Code 21094

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

Name of Employer Health Plan Headquarters Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : **14671-P71205**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Raymer M. Sale

Mailing Address 2905 Premiere Parkway Suite 285

City Duluth	State GA	Zip Code 30097
----------------	-------------	-------------------

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

Name of Employer E2E Benefits Services, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71517

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rose P. Sandoval

Mailing Address One Griffin Brook Drive

City Methuen	State MA	Zip Code 01844
-----------------	-------------	-------------------

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

Name of Employer Borislow Insurance Agency	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71129

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Gregory J. Schell

Mailing Address 1601 Alliant Avenue

City Louisville	State KY	Zip Code 40299
--------------------	-------------	-------------------

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

Name of Employer Garrett-Stotz Company	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71326

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	355.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mel A. Schlesinger
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21533

City Winston Salem State NC Zip Code 27120-

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

Name of Employer self Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
03 / 22 / 2013
Transaction ID : 14655

Amount of Each Receipt this Period
100.00

B. Mel A. Schlesinger
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21533

City Winston Salem State NC Zip Code 27120

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

Name of Employer self Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
03 / 25 / 2013
Transaction ID : 14671-P71520

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Kenneth Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 1332 Hunters Hollow Court

City Eureka State MO Zip Code 63025-

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

Name of Employer MSM&F Mengel, Surdyke, Murphy and Fin Occupation Benefits Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 13 / 2013
Transaction ID : 14604

Amount of Each Receipt this Period
135.00

SUBTOTAL of Receipts This Page (optional).....▶ 320.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chad P. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Michelson Drive Suite 1150

City Irvine	State CA	Zip Code 92612
----------------	-------------	-------------------

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

Name of Employer Aflac Pacific Territory	Occupation Business Development Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71799

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Alan R. Schulman
Full Name (Last, First, Middle Initial)

Mailing Address 7361 Calhoun Place, Ste 550

City Derwood	State MD	Zip Code 20855
-----------------	-------------	-------------------

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

Name of Employer Insurance Benefits & Advisors	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71207

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Matt B. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 2950 Breckenridge Lane

City Louisville	State KY	Zip Code 40220-
--------------------	-------------	--------------------

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

Name of Employer Schwartz & Associates dba Schwartz In	Occupation President/Strategic Advisor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71327

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gregory J. Seifert		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71801
Mailing Address PO Box 189 916 Main Street		Amount of Each Receipt this Period 170.00
City Vancouver	State WA	Zip Code 98666
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$170.00 Monthly)
Name of Employer Biggs Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) B. Steven Selinsky		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71329
Mailing Address 28638 Oak Point Drive		Amount of Each Receipt this Period 42.00
City Farmington Hills	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer BeneSys, Inc	Occupation Director of Sales and Marketin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	

Full Name (Last, First, Middle Initial) C. Desmond X. Slattery		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : 14671-P71213
Mailing Address 1800 Route 34 Blvd. 1, # 102		Amount of Each Receipt this Period 85.00
City Wall	State NJ	Zip Code 07719
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Slattery GA	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional).....▶	297.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Frank J Smith
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1559

City Wheaton State IL Zip Code 60189

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

Name of Employer Business Insurance Underwriters, Inc. Occupation Senior Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71337

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

B. Gregory S. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2201 Woodlawn Road PO Box 370

City Lincoln State IL Zip Code 62656

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

Name of Employer Group Marketing Services Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71338

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Myron D. Smith
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 56149

City Sherman Oaks State CA Zip Code 91413

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

Name of Employer Genesis Financial Insurance Services Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 25 / 2013**

Transaction ID : 14671-P71803

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul E. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 100 Queen Street

City Southington State CT Zip Code 06489

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

Name of Employer AmeriBen Alliance, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : 14671-P71131

Amount of Each Receipt this Period
125.00

Payroll Deduction
 (\$125.00 Monthly)

B. William Craig Splawn
Full Name (Last, First, Middle Initial)

Mailing Address 800 Avenue C

City Katy State TX Zip Code 77493

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

Name of Employer Splawn & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : 14671-P71633

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

C. Eugene A. Starks
Full Name (Last, First, Middle Initial)

Mailing Address 613 Crescent Circle Suite 201

City Ridgeland State MS Zip Code 39157

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

Name of Employer Benefit Administration Services, Ltd. Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : 14667-P70852

Amount of Each Receipt this Period
120.00

Payroll Deduction
 (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **295.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. James R. Stenger

Mailing Address 8926 Crown Colony Boulevard

City	State	Zip Code
Fort Myers	FL	33908-

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

Name of Employer	Occupation
MVS Consulting Group	Leadership Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14667-P70854

Amount of Each Receipt this Period

170.00

Payroll Deduction
 (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Marilyn A. Stenger

Mailing Address 8926 Crown Colony Blvd

City	State	Zip Code
Ft. Myers	FL	33908

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

Name of Employer	Occupation
MVS Consulting	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14667-P70853

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 8420 West Dodge Road, 5th Floor

City	State	Zip Code
Omaha	NE	68114

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

Name of Employer	Occupation
Senior Market Sales, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14667-P70774

Amount of Each Receipt this Period

125.00

Payroll Deduction
 (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William L. Sutherland
Full Name (Last, First, Middle Initial)

Mailing Address P.O Box 795008 131 Interpark Blvd.

City San Antonio	State TX	Zip Code 78279
---------------------	-------------	-------------------

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

Name of Employer Wortham Insurance & Risk Management	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71636

Amount of Each Receipt this Period

100.00

Payroll Deduction
 (\$100.00 Monthly)

B. Tom Swayne
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 31029

City Charleston	State SC	Zip Code 29417
--------------------	-------------	-------------------

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

Name of Employer David M. Gilston Insurance Agency, In	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71534

Amount of Each Receipt this Period

100.00

Payroll Deduction
 (\$100.00 Monthly)

C. Ryan R. Swinton
Full Name (Last, First, Middle Initial)

Mailing Address 7101 S. 82 St.

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

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

Name of Employer Midlands Financial Benefits	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71379

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Marsha Tellesbo

Mailing Address 1001 4th Avenue, Suite 3200

City Seattle	State WA	Zip Code 98154
-----------------	-------------	-------------------

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

Name of Employer Tellesbo & Company	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71809

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 22850 Crenshaw Blvd., # 206

City Torrance	State CA	Zip Code 90505
------------------	-------------	-------------------

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

Name of Employer California Health Plans	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71811

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Harry P. Thal

Mailing Address PO Box 2137

City Kernville	State CA	Zip Code 93238
-------------------	-------------	-------------------

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

Name of Employer Harry P. Thal Insurance Agency	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 14671-P71812

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address #1 Galleria Blvd, Suite 1224

City Metairie State LA Zip Code 70001

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : 14667-P70931

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Janet Trautwein
Full Name (Last, First, Middle Initial)

Mailing Address 1212 New York Ave. NW, Ste 1100

City Washington State DC Zip Code 20005

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

Name of Employer NAHU Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013

Transaction ID : 14667-P70696

Amount of Each Receipt this Period
170.00

Payroll Deduction
 (\$170.00 Monthly)

C. Stephen Trundt
Full Name (Last, First, Middle Initial)

Mailing Address 129 Executive Dr. #G

City Madison State MS Zip Code 39110-

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

Name of Employer Guardian Life Insurance Occupation Group Sales Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2013

Transaction ID : 14656

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Rand R. Wall
Full Name (Last, First, Middle Initial)

Mailing Address 12603 Southwest Freeway, Suite 620

City Stafford State TX Zip Code 77477

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

Name of Employer Lone Star Health Plans, Ltd. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14667-P70936

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

B. Jessica F Waltman
Full Name (Last, First, Middle Initial)

Mailing Address 10 Doyle Rd

City Wayne State PA Zip Code 19087-3903

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

Name of Employer NAHU Occupation VP, Policy and State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14667-P70986

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. John L. Warwick
Full Name (Last, First, Middle Initial)

Mailing Address 1907 B Mangrove Ave.

City Chico State CA Zip Code 95927

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

Name of Employer John Warwick Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2013
Transaction ID : 14671-P71814

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Charles A. Webb

Mailing Address 15 S. Jefferson Street

City State Zip Code
 Roanoke VA 24011

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

Name of Employer Occupation
 Benefits Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14671-P71222

Amount of Each Receipt this Period
 170.00

Payroll Deduction
 (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Dan Webb

Mailing Address 5251 Office Park Drive Suite 350

City State Zip Code
 Bakersfield CA 93309

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

Name of Employer Occupation
 The Webb Insurance Group Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14667-P70983

Amount of Each Receipt this Period
 170.00

Payroll Deduction
 (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Trei Wild

Mailing Address 3724 Hearst Castle Way

City State Zip Code
 Plano TX 75025

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

Name of Employer Occupation
 Corvesta Services Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : 14671-P71645

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mike Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 10040 Regency Circle Ste. 345
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williams Deras Associates, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71384
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Paula L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paula Wilson, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14667-P70985
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Thomas R. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boley Featherston Insurance Agency Occupation Benefits Consulant/Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **505.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 14671-P71646
 Amount of Each Receipt this Period **55.00**
 Payroll Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Rosanne Wolfe

Mailing Address 4600 East Swans Nest Road

City Tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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

Name of Employer Wolfe Insurance & Consultants, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71705

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 11617 Coldwater Road, Suite 103

City Fort Wayne	State IN	Zip Code 46845
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71352

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Dennis E. Wright

Mailing Address 1111 Chestnut Hills Pky

City Fort Wayne	State IN	Zip Code 46814
--------------------	-------------	-------------------

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

Name of Employer Employee Plans, LLC	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71353

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 58 OF 68
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Shannon Zajec
Full Name (Last, First, Middle Initial)

Mailing Address 1420 E. Roseville Pkwy

City Roseville	State CA	Zip Code 95661
-------------------	-------------	-------------------

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

Name of Employer Employers Select Insurance Services I	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2013

Transaction ID : 14671-P71820

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	19378.66

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Banking Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14684

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Banking Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : 14685

Amount of Each Disbursement this Period

556.50

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Banking Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2013

Transaction ID : 14686

Amount of Each Disbursement this Period

7.95

SUBTOTAL of Disbursements This Page (optional)..... ▶

572.40

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Banking Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 14683

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

ADRIAN SMITH

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2013

Transaction ID : 14614

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ALASKANS FOR BEGICH 2014

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement
March 5 Lunch

011

Category/
Type

Candidate Name

MARK BEGICH

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14571

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement
TOH Reception

011

Category/
Type

Candidate Name

GARLAND ANDY BARR

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14570

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
TOH Reception

011

Category/
Type

Candidate Name

AMERISH BERA

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14566

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 OLD DOMINION DRIVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
2013

011

Category/
Type

Candidate Name

BLUE DOG POLITICAL ACTION COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 14664

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
March 4. Dinner

011

Category/
Type

Candidate Name

JOHN A BOEHNER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : 14576

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

17000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address P.O. BOX 17813

City RICHMOND State VA Zip Code 23226

Purpose of Disbursement
Contribution

011

Candidate Name

ERIC IVAN CANTOR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

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

Transaction ID : 14662

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN MAFFEI

Mailing Address PO BOX 230

City SYRACUSE State NY Zip Code 13201

Purpose of Disbursement
TOH Reception

011

Candidate Name

DANIEL BENJAMIN MR. MAFFEI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

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

Transaction ID : 14564

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
TOH Reception

011

Candidate Name

ELIZABETH ESTY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

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

Transaction ID : 14569

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0
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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 NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
Capitol Club Lunch

011

Category/
Type

Candidate Name

KELLY A AYOTTE

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : 14577

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
TOH Reception

011

Category/
Type

Candidate Name

TODD CHRISTOPHER YOUNG

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14567

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Feb 25. Dinner

011

Category/
Type

Candidate Name

KEVIN MCCARTHY

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14562

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. MIKE MCINTYRE FOR CONGRESS

Mailing Address P.O. BOX 1

City LUMBERTON State NC Zip Code 28359

Purpose of Disbursement TOH Reception

011

Candidate Name

MIKE REP. MCINTYRE

Category/Type

Office Sought: House Senate President
State: NC District: 07

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14565

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement 2013

011

Candidate Name

NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 14663

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PALAZZO FOR CONGRESS

Mailing Address 13155 HIGHWAY 67 SUITE B

City BILOXI State MS Zip Code 39532

Purpose of Disbursement TOH Reception

011

Candidate Name

STEVEN MCCARTY PALAZZO

Category/Type

Office Sought: House Senate President
State: MS District: 04

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14568

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS (P)

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
March Dinner

011

Candidate Name

FRANK JR PALLONE

Category/
Type

Office Sought: House
 Senate
 President
State: AK District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : 14578

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement
Local Event

011

Candidate Name

MICHAEL RICHARD POMPEO

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2013

Transaction ID : 14615

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2013

011

Candidate Name

REPUBLICAN NATIONAL COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 14665

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

17000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ROGERS FOR CONGRESS (P)

Mailing Address PO BOX 581

City BRIGHTON State MI Zip Code 48116

Purpose of Disbursement
March 20 Lunch

011

Candidate Name

MICHAEL J ROGERS

Category/
Type

Office Sought: House
 Senate
 President
State: AK District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2013

Transaction ID : 14659

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
March 5 Dinner

011

Candidate Name

PETER ROSKAM

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14572

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SCHNEIDER FOR CONGRESS

Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement
TOH Reception

011

Candidate Name

BRADLEY SCOTT SCHNEIDER

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 14563

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. UPTON VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Local Event

Category/
Type

Candidate Name
FREDERICK STEPHEN UPTON

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

/ /

Transaction ID : 14573

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
March 12 Dinner

Category/
Type

Candidate Name
JOHN M SHIMKUS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District: 15

Date of Disbursement

/ /

Transaction ID : 14601

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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