

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

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

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

5. Covering Period 04 01 2008 through 04 30 2008

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 Electronically Filed by Jennifer Murphy Date 05 20 2008

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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FEC FORM 3X
(Rev. 12/2004)

**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:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		41981.92
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	51869.19									
(c) Total Receipts (from Line 19)	20961.92	124615.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72831.11	166597.26								
7. Total Disbursements (from Line 31)	38711.23	136195.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34119.88	30401.60								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	8514.34	59323.68
(i) Itemized (use Schedule A)	12436.29	65247.32
(ii) Unitemized	20950.63	124571.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20950.63	124571.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	11.29	44.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20961.92	124615.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20961.92	124615.34

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	226.23	3125.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	226.23	3125.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38000.00	130000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	85.00	1670.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	85.00	1670.00
29. Other Disbursements.....	400.00	1400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38711.23	136195.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38711.23	136195.66

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20950.63	124571.00
34. Total Contribution Refunds (from Line 28(d))	85.00	1670.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20865.63	122901.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	226.23	3125.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	226.23	3125.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Mary Kathryn Anderson-Haught</p> <p>Mailing Address 512 Cambridge Rd</p> <p>City State Zip Code Tyler TX 75703-5264</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Strategies In Employee Benefits, Inc. Occupation: agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2008</p> <p>Transaction ID: 7395-P7319</p> <p>Amount of Each Receipt this Period 80.00</p> <p>Payroll Deduction (\$80.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Elizabeth Ashmore</p> <p>Mailing Address 6102 82nd St # 6</p> <p>City State Zip Code Lubbock TX 79424-3690</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Ashmore & Associates Insurance Agency Occupation: agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 510.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2008</p> <p>Transaction ID: 7395-P7344</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll Deduction (\$100.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Bruce D. Benton</p> <p>Mailing Address 20161 Delita Dr</p> <p>City State Zip Code Woodland Hills CA 91364-3521</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Genesis SmithBenton Insurance & Finan Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 255.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2008</p> <p>Transaction ID: 7395-P7365</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	265.00
TOTAL This Period (last page this line 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 7 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8805 Sawleaf Rd

City Indianapolis State IN Zip Code 46260-1534

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7395-P7217

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$60.00 Monthly)

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

Mailing Address 2785 E Desert Inn Rd Ste 260

City Las Vegas State NV Zip Code 89121-3693

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

Name of Employer KIA Insurance Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 337.36

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7686

Amount of Each Receipt this Period 84.34

Payroll Deduction (\$84.34 Monthly)

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

Mailing Address 6410 N Butler Rd

City Cedar Falls State IA Zip Code 50613-9317

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

Name of Employer Net Worth Advisors Occupation Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7772

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 229.34

TOTAL This Period (last page this line 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 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Walter S Brown		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 56 Madison St		Transaction ID: 7397-P7549
	City Gillette	State NJ	Zip Code 07933-1802
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Self Employed	Occupation Insurance Broker	Payroll Deduction (\$85.00 Monthly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) D. Bailey Calvin		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address PO Box 101422		Transaction ID: 7395-P7226
	City Anchorage	State AK	Zip Code 99510-1422
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Calco, Inc.	Occupation Agent	Payroll Deduction (\$85.00 Monthly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00
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C.	Full Name (Last, First, Middle Initial) Michael E. Carmean		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 3075 Lee Road 248		Transaction ID: 7395-P7313
	City Smiths	State AL	Zip Code 36877-3125
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Paragon Marketing	Occupation Vice President, Group Sales & Marketi	Payroll Deduction (\$100.00 Monthly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
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SUBTOTAL of Receipts This Page (optional)	270.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lorelei G. Castellani		Date of Receipt
	Mailing Address PO Box 2100		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Branchville	NJ	07826-2100
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benefit Guidance Systems		Occupation Agent	Transaction ID: 7397-P7867
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Russell B. Childers		Date of Receipt
	Mailing Address 402 Rawley Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Americus	GA	31719-2150
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Russ Childers, CLU		Occupation President	Transaction ID: 7395-P7274
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Payroll Deduction (\$40.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Daniel E. Colacino		Date of Receipt
	Mailing Address 34 Carolanne Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Delmar	NY	12054-9710
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Rose and Kiernan, Inc		Occupation Vice President	Transaction ID: 7397-P7876
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="210.00"/>
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 10 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Martha T. Collins	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 1430 Lemonwood Dr W	Transaction ID: 7397-P7575
	City State Zip Code Upland CA 91786-2539	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer Occupation Martin & Associates Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) Stephanie Denz	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 1808 Hickory Trace Dr	Transaction ID: 7397-P7819
	City State Zip Code Orange Park FL 32003-8387	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Gallagher Benefit Services, Inc. Senior Benefit Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

C.	Full Name (Last, First, Middle Initial) Steve H. Dodder	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address PO Box 2069	Transaction ID: 7395-P7401
	City State Zip Code Monument CO 80132-2069	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$60.00 Monthly)
	Name of Employer Occupation Assurant Health Regional Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 52

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Eugene Denny Ebersole		Date of Receipt
	Mailing Address 201 Evans Rd Bldg 3 Ste 103A		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Harahan	LA	70123-5230
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7397-P7574
Name of Employer Ebersole & Associates, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="815.00"/>	<input type="text" value="170.00"/>
			Payroll Deduction (\$170.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Michael A. Embry		Date of Receipt
	Mailing Address 26240 Wacker Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New Baltimore	MI	48051-3306
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7397-P7740
Name of Employer Comerica Insurance Services, Inc.		Occupation VP - Group Benefits Division	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Linda M. Erlenbach		Date of Receipt
	Mailing Address 151 Belcourt Ln		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Aurora	OH	44202-8438
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7395-P7459
Name of Employer L.M. Erlenbach, Inc.		Occupation Benefits Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 52
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
David L. Fear

Mailing Address 8340 Conover Dr

City State Zip Code
Citrus Heights CA 95610-0812

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

Name of Employer Occupation
CIMS Strategic Distribution Division Director of Strategic Distribution

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7395-P7465

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

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

Mailing Address 16510 Summit Dr

City State Zip Code
Omaha NE 68136-4038

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

Name of Employer Occupation
Harry A. Koch Co. Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7395-P7194

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Bruce L. Gardner

Mailing Address 504 Bulian Ln

City State Zip Code
Austin TX 78746-5423

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

Name of Employer Occupation
Bruce Gardner Insurance & Investments Registered Representative

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7395-P7278

Amount of Each Receipt this Period
80.00

Payroll Deduction
(\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Wm. Gennaro
Mailing Address 523 W Vista Ave
City Phoenix State AZ Zip Code 85021-7257
FEC ID number of contributing federal political committee. **C**
Name of Employer: Capitol Insurance Brokers, Inc. Occupation: agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 340.00
Date of Receipt: 04 / 30 / 2008
Transaction ID: 7397-P7610
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Patrice Goldfarb
Mailing Address 442 Teaneck Rd
City Ridgefield Park State NJ Zip Code 07660-1516
FEC ID number of contributing federal political committee. **C**
Name of Employer: The Employee Benefits Advisors Group Occupation: Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00
Date of Receipt: 04 / 30 / 2008
Transaction ID: 7397-P7843
Amount of Each Receipt this Period: 60.00
Payroll Deduction: (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Patricia A Griffey
Mailing Address 56294 Primrose Cir
City Elkhart State IN Zip Code 46516-1509
FEC ID number of contributing federal political committee. **C**
Name of Employer: Page 1 Benefits, Inc. Occupation: Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00
Date of Receipt: 04 / 30 / 2008
Transaction ID: 7397-P7600
Amount of Each Receipt this Period: 60.00
Payroll Deduction: (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) **205.00**
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephen A. Grim

Mailing Address 2720 Mandolin Place

City State Zip Code
Virginia Beach VA 23451

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

Name of Employer: Mid-Atlantic Agency, Inc. Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: 7397-P7829
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 7412 Karl Dr

City State Zip Code
Lincoln NE 68516-4368

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

Name of Employer: Senior Benefit Strategies Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: 7395-P7198
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Cristy Russell Gupton

Mailing Address 2138 Goodman Lake Rd

City State Zip Code
Morganton NC 28655-7075

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

Name of Employer: Colonial Supplemental Insurance Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: 7397-P7667
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 15 / 52
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City Fayetteville State NC Zip Code 28303-5221

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

Name of Employer Ebenconcepts Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1640.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7572

Amount of Each Receipt this Period 410.00

Payroll Deduction (\$410.00 Monthly)

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

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7395-P7436

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard L Hill

Mailing Address 4435 O St

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer UNICO Financial Services, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7395-P7327

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 570.00

TOTAL This Period (last page this line 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 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David S Johnson		Date of Receipt
	Mailing Address 1482 Baron Ct		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Stone Mountain	GA	30087-3037
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer David S. Johnson Insurance		Occupation Agent	Transaction ID: 7397-P7825
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Lawrence Kaczmarek		Date of Receipt
	Mailing Address 6711 Berry Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ravenna	OH	44266-9161
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kaczmarek Insurance Services, Inc.		Occupation Agent	Transaction ID: 7395-P7329
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Thelma Darlene Kaczmarek		Date of Receipt
	Mailing Address 6711 Berry Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ravenna	OH	44266-9161
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kaczmarek Ins. Services Agency, Inc.		Occupation Agent	Transaction ID: 7395-P7354
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
George R Keeling

Mailing Address 1875 N Highway 385

City Levelland State TX Zip Code 79336-9493

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

Name of Employer George R. Keeling Insurance Agency Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7395-P7202

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

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

Mailing Address 6601 Glacier Ct

City Yakima State WA Zip Code 98908-2382

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

Name of Employer Conover Insurance, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7681

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Ted Brian Knauer

Mailing Address 6204 Forrestal Dr

City Tampa State FL Zip Code 33625-1609

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

Name of Employer Florida Insurance Brokers, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7806

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 18 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kay Knutson
Mailing Address 11209 Academy Ridge Rd NE
City Albuquerque State NM Zip Code 87111-6841
FEC ID number of contributing federal political committee. **C**
Name of Employer Presbyterian Health Plan Occupation VP Medicare Programs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 04 / 30 / 2008
Transaction ID: 7397-P7687
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Scott A. Leavitt
Mailing Address 12988 W Paint Dr
City Boise State ID Zip Code 83713-1947
FEC ID number of contributing federal political committee. **C**
Name of Employer Scott Leavitt Insurance & Financial S Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 640.00
Date of Receipt 04 / 30 / 2008
Transaction ID: 7395-P7259
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Brian W. Liechty
Mailing Address 120 E Washington St
City Plymouth State IN Zip Code 46563-1744
FEC ID number of contributing federal political committee. **C**
Name of Employer KL Benefits Occupation Benefits Spec
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 04 / 30 / 2008
Transaction ID: 7397-P7800
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 19 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Maurice Lyons	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 301 Madison Ave Fl 4	Transaction ID: 7397-P7805
	City State Zip Code New York NY 10017-8103	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	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 ▼ 510.00	

B.	Full Name (Last, First, Middle Initial) Phyllis Martinsen	Date of Receipt MM / DD / YYYY 04 / 21 / 2008
	Mailing Address 8331 W Cory Ct	Transaction ID: 7360
	City State Zip Code Boise ID 83704-5725	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Byron Hyatt Erstad & Co Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00	

C.	Full Name (Last, First, Middle Initial) Phyllis Martinsen	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 8331 W Cory Ct	Transaction ID: 7397-P7656
	City State Zip Code Boise ID 83704-5725	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer: Byron Hyatt Erstad & Co Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00	

SUBTOTAL of Receipts This Page (optional)	480.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael E. Matznick		Date of Receipt
	Mailing Address 3207 Cottingham Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City Greensboro	State NC	Zip Code 27410-8362
	FEC ID number of contributing federal political committee. C		Transaction ID: 7397-P7834
	Amount of Each Receipt this Period		<input type="text"/> 85.00
Name of Employer EbenConcepts Company		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 340.00	(\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Chris McConathy		Date of Receipt
	Mailing Address 37 Azusa Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City Ventura	State CA	Zip Code 93004-3800
	FEC ID number of contributing federal political committee. C		Transaction ID: 7397-P7661
	Amount of Each Receipt this Period		<input type="text"/> 85.00
Name of Employer wellpoint		Occupation Director, Dental Sales	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 340.00	(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) H. Luke McDermott		Date of Receipt
	Mailing Address 1044 Park Palisade Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City South Jordan	State UT	Zip Code 84095-2229
	FEC ID number of contributing federal political committee. C		Transaction ID: 7397-P7732
	Amount of Each Receipt this Period		<input type="text"/> 100.00
Name of Employer McDermott Company & Associates		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 400.00	(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 270.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City State Zip Code
Katy TX 77450-4909

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

Name of Employer
TradeMark Insurance Agency LLC

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 7397-P7857

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Bradley V. Miles

Mailing Address 11417 E 44th Ave

City State Zip Code
Spokane Valley WA 99206-9403

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

Name of Employer
Brad Miles Insurance

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 7397-P7556

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

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

Mailing Address 736 Amoroso Pl

City State Zip Code
Venice CA 90291-3802

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

Name of Employer
The Miles Organization, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 7397-P7795

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David R. Moore	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 605 Truitt Dr	Transaction ID: 7395-P7462
	City State Zip Code Elon NC 27244-9262	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: David R. Moore, CLU & Associates Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) Wesley P. Moore	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address PO Box 604	Transaction ID: 7395-P7406
	City State Zip Code Darlington SC 29540-0604	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$110.00 Monthly)
	Name of Employer: W P Moore Agency Occupation: Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00	

C.	Full Name (Last, First, Middle Initial) Ray M. Musser	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 404 N 2nd Ave Ste B	Transaction ID: 7397-P7862
	City State Zip Code Upland CA 91786-4701	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: Ray M. Musser & Associates, Inc. Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line 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 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John C. Parker
Mailing Address 47 Laurel Hill Dr

City Niantic State CT Zip Code 06357-1536

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

Name of Employer Parker Agency Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2008
Transaction ID: 7395-P7490
 Amount of Each Receipt this Period 90.00
 Payroll Deduction (\$90.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jesse A. Patton
Mailing Address 701 Grand Ave

City West Des Moines State IA Zip Code 50265-3625

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 ▼ 1400.00

Date of Receipt 04 / 30 / 2008
Transaction ID: 7397-P7638
 Amount of Each Receipt this Period 350.00
 Payroll Deduction (\$350.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David R. Perry
Mailing Address 2003 Charvais Dr

City Lake Charles State LA Zip Code 70601-5605

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

Name of Employer The Perry Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2008
Transaction ID: 7395-P7512
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line 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 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Joe Phiher	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 2323 N. Houston St.	Transaction ID: 7395-P7474
	City State Zip Code Dallas TX 75219	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer SafeGuard Dental & Vision Occupation Sr. Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) John G. Prue	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 12713 S Edinburgh St	Transaction ID: 7395-P7232
	City State Zip Code Olathe KS 66062-1300	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer Humana, Inc. Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) Susan Maley Rash	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 2519 Kettlewell Ct	Transaction ID: 7397-P7826
	City State Zip Code Midlothian VA 23113-6726	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer BB&T Benefit Consultants of Virginia Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

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: PAGE 25 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jon C Rauser
Mailing Address 949 Lamplighter Ln
City Grafton State WI Zip Code 53024-9314
FEC ID number of contributing federal political committee. **C**
Name of Employer The Rauser Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 04 / 30 / 2008
Transaction ID: 7397-P7878
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Shan Ricketts
Mailing Address 3900 Halisport Dr NW
City Kennesaw State GA Zip Code 30152-4077
FEC ID number of contributing federal political committee. **C**
Name of Employer Purchasing Alliance Solutions, Inc. Occupation Executive Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt 04 / 30 / 2008
Transaction ID: 7397-P7598
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Michael A. Rivera
Mailing Address 12200 Northwest Fwy Ste 662
City Houston State TX Zip Code 77092-4927
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwest General Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 04 / 30 / 2008
Transaction ID: 7397-P7560
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: PAGE 26 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joseph K. Roberts

Mailing Address 4000 S 36th St

City Lincoln State NE Zip Code 68506-4809

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7395-P7358

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City Palm Springs State CA Zip Code 92262-7922

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

Name of Employer Palm Canyon Insurance Agency Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7395-P7351

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C.

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

Mailing Address 15 Kennedy Dr

City Budd Lake State NJ Zip Code 07828-1438

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

Name of Employer John J. Slattery Associates Occupation Director of Broker Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7592

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Stephen J. Salamon		Date of Receipt
	Mailing Address PO Box 4252		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Timonium	MD	21094-4252
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Heritage Financial Consultants, LLC		Occupation Agent	Transaction ID: 7395-P7362
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="380.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$10.00 Monthly)	<input type="text" value="95.00"/>

B.	Full Name (Last, First, Middle Initial) Alfonso C. Schiebel		Date of Receipt
	Mailing Address 561 Ripplewater Dr SW		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Marietta	GA	30064-2474
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Schiebel & Associates, LLC dba Shopbe		Occupation Agent	Transaction ID: 7397-P7573
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="215.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$35.00 Monthly)	<input type="text" value="35.00"/>

C.	Full Name (Last, First, Middle Initial) Mark A. Schlange		Date of Receipt
	Mailing Address 2604 Blackhawk Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bellevue	NE	68123-3704
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NP Dodge Insurance		Occupation Agent	Transaction ID: 7395-P7305
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="230.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="30.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="160.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer: Mengel, Surdyke, Murphy and Finke
Occupation: Benefits Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 04 / 07 / 2008
Transaction ID: 7297
Amount of Each Receipt this Period: 100.00

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

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer: Mengel, Surdyke, Murphy and Finke
Occupation: Benefits Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: 7380
Amount of Each Receipt this Period: 100.00

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

Mailing Address 3311 NE 115th St

City State Zip Code
Vancouver WA 98686-3945

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

Name of Employer: Biggs Insurance Services
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: 7397-P7634
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **285.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Desmond X. Slattery

Mailing Address 1800 State Route 34

City Wall State NJ Zip Code 07719-9168

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

Name of Employer John J. Slattery Associates Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7774

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Deirdre Slattery Fallon

Mailing Address PO Box 256

City Spring Lake State NJ Zip Code 07762-0256

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

Name of Employer John J. Slattery Associates, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7631

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kevin M. Smith

Mailing Address 605 Corporate Dr W

City Langhorne State PA Zip Code 19047-8013

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

Name of Employer AFLAC Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7605

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 30 / 52
(check only one)

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

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

A.

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

Mailing Address 7172 Hawthorn Ave Apt 211

City State Zip Code
Los Angeles CA 90046-3284

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

Name of Employer Occupation
GENESIS/Smith-Benton President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1220.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 7397-P7557

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

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

Mailing Address 169 Hawthorne Dr

City State Zip Code
Kensington CT 06037-4074

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

Name of Employer Occupation
AmeriBen Alliance, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 7397-P7654

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
James Randall Southard

Mailing Address 7848 Nc Highway 68 N

City State Zip Code
Stokesdale NC 27357-9326

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

Name of Employer Occupation
Professional Benefits Associates, LLC Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 7397-P7705

Amount of Each Receipt this Period
65.00

Payroll Deduction
(\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter J Stein

Mailing Address 1164 Silver Beech Rd

City Herndon State VA Zip Code 20170-2328

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

Name of Employer NAHU Occupation VP Congressional Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7768

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 77 Ridgeview Ln

City Mount Arlington State NJ Zip Code 07856-2321

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

Name of Employer NAS Financial Services Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7397-P7596

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

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

Mailing Address 77 Ridgeview Ln

City Mount Arlington State NJ Zip Code 07856-2321

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

Name of Employer Self Employed Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 7395-P7240

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: PAGE 32 / 52
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Michael R. Stephens		Date of Receipt
	Mailing Address 11515 S 5th Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Jenks	OK	74037-3229
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 7303
Name of Employer Excelsior Benefits		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) Rodney Stuart		Date of Receipt
	Mailing Address 9755 Randall Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46280-2944
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 7395-P7443
Name of Employer Benefit Innovations LLP		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 135.00
		<input type="text"/> 540.00	Payroll Deduction
			(\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) James F. Summers		Date of Receipt
	Mailing Address 15316 Pine St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Omaha	NE	68144-5117
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 7395-P7277
Name of Employer Senior Market Sales, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 500.00	Payroll Deduction
			(\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 510.00
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 33 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ryan P. Thorn		Date of Receipt
	Mailing Address 10342 Springcrest Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	South Jordan	UT	84095-4538
	FEC ID number of contributing federal political committee. C		Transaction ID: 7395-P7348
Name of Employer Ryan P. Thorn Insurance Planning, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Janet Trautwein		Date of Receipt
	Mailing Address 7212 Redlac Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Clifton	VA	20124-1948
	FEC ID number of contributing federal political committee. C		Transaction ID: 7395-P7361
Name of Employer NAHU		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Hughes Waren		Date of Receipt
	Mailing Address 1109 Princeton Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Wilmington	NC	28403-2528
	FEC ID number of contributing federal political committee. C		Transaction ID: 7395-P7402
Name of Employer Ebenconcepts, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 52
(check only one)

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

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

A.

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

Mailing Address PO Box 272

City State Zip Code
Chico CA 95927-0272

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

Name of Employer Occupation
John Warwick Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7397-P7591

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

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

Mailing Address 15 S Jefferson St

City State Zip Code
Roanoke VA 24011-1303

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

Name of Employer Occupation
Benefits Group, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7397-P7764

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

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

Mailing Address 2108 24th St Ste 2

City State Zip Code
Bakersfield CA 93301-3748

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

Name of Employer Occupation
The Webb Insurance Group Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7397-P7679

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 35 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paula L Wilson

Mailing Address 31930 Daniel Way

City State Zip Code
Temecula CA 92591-2129

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

Name of Employer Occupation
Paula Wilson, Inc. Agent

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7395-P7494

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Steven L. Wilson

Mailing Address 808 Penny Ln

City State Zip Code
Lexington KY 40509-1964

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

Name of Employer Occupation
Benefit Insurance Marketing Agent

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7397-P7866

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Shelly K Winson

Mailing Address 2491 W Binner Dr

City State Zip Code
Chandler AZ 85224-4112

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

Name of Employer Occupation
Principal Financial Group Business Development Director,

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7397-P7680

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 52	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dennis E. Wright		Date of Receipt	
	Mailing Address 318 Calash Run		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 7397-P7595
	Fort Wayne	IN	46845-2104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		85.00	
Name of Employer IntraHealth Solutions, Inc.		Occupation President		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00		(\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Robert A Ziff		Date of Receipt	
	Mailing Address 568 Valleyview Rd		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 7397-P7812
	Langhorne	PA	19047-2221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Avanti Benefits Corp		Occupation President		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	8514.34

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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 7810 Old Branch Avenue</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement Bank Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7409 Date of Disbursement: 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 55.80</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 7810 Old Branch Avenue</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement Bank Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7408 Date of Disbursement: 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 16.72</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Regions Bank</p> <p>Mailing Address 6286 N College</p> <p>City Indianapolis State IN Zip Code 46220</p> <p>Purpose of Disbursement Bank Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7399 Date of Disbursement: 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 149.21</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	221.73
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 52

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 7398

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

4.50

SUBTOTAL of Disbursements This Page (optional)

4.50

TOTAL This Period (last page this line number only)

226.23

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) ALL AMERICA PAC Mailing Address P.O. Box 2888 City Washington State DC Zip Code 20013 Purpose of Disbursement 4/9 Health issues talk and lunch Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7309 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS Mailing Address P.O. Box 2232 City Jenkintown State PA Zip Code 19046 Purpose of Disbursement 4/17 healthcare breakfast - Peter Stein Candidate Name ALLYSON Y SCHWARTZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7321 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City Los Angeles State CA Zip Code 90026 Purpose of Disbursement Dinner reception - Peter Stein Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7272 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: 7386 Date of Disbursement 04 / 30 / 2008
	Mailing Address 680 TRANSFER ROAD, SUITE A	Amount of Each Disbursement this Period 1000.00
	City SAINT PAUL State MN Zip Code 55114	
	Purpose of Disbursement In-District (Greg Sailer) Candidate Name NORM COLEMAN	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT VITO FOSSELLA	Transaction ID: 7367 Date of Disbursement 04 / 22 / 2008
	Mailing Address 34 DUMONT AVENUE	Amount of Each Disbursement this Period 1000.00
	City STATEN ISLAND State NY Zip Code 10305	
	Purpose of Disbursement 4/23 ROMP Event - John Greene Candidate Name VITO FOSSELLA	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID DAVIS VICTORY FUND	Transaction ID: 7349 Date of Disbursement 04 / 16 / 2008
	Mailing Address PO Box 781	Amount of Each Disbursement this Period 1000.00
	City Johnson City State TN Zip Code 37605	
	Purpose of Disbursement 4/30 Luncheon - John Greene Candidate Name DAVID DAVIS	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEMINT FOR SENATE COMMITTEE INC	Transaction ID: 7383 Date of Disbursement 04 / 29 / 2008
	Mailing Address PO BOX 12425	Amount of Each Disbursement this Period 3000.00
	City COLUMBIA State SC Zip Code 29211	
	Purpose of Disbursement 6/5 Healthcare Lunch w/Mike Leavitt - Pe	011 Category/ Type
	Candidate Name JAMES W DEMINT	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE	Transaction ID: 7310 Date of Disbursement 04 / 02 / 2008
	Mailing Address PO BOX 441749	Amount of Each Disbursement this Period -1000.00
	City INDIANAPOLIS State IN Zip Code 46204	
	Purpose of Disbursement Void Check	011 Category/ Type
	Candidate Name EVAN BAYH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE	Transaction ID: 7273 Date of Disbursement 04 / 02 / 2008
	Mailing Address PO BOX 441749	Amount of Each Disbursement this Period 1000.00
	City INDIANAPOLIS State IN Zip Code 46204	
	Purpose of Disbursement Health care issues discussion and lunch	011 Category/ Type
	Candidate Name EVAN BAYH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: 7277 Date of Disbursement
	Mailing Address 7908-I2 Cincinnati Dayton Road	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Boehner Birdie Hunt - John McConnaughey	<input type="text" value="2500.00"/>
	Candidate Name JOHN A BOEHNER	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: 7368 Date of Disbursement
	Mailing Address 2345 Grand Suite 2400	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Kansas City State MO Zip Code 64108	Amount of Each Disbursement this Period
	Purpose of Disbursement 4/23 ROMP Event - John Greene	<input type="text" value="1000.00"/>
	Candidate Name SAMUEL B GRAVES	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GREG DAVIS FOR CONGRESS	Transaction ID: 7306 Date of Disbursement
	Mailing Address 5779 GETWELL RD BLDG D1	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City SOUTHAVEN State MS Zip Code 38672	Amount of Each Disbursement this Period
	Purpose of Disbursement 4/10 Breakfast with Mayor Davis and Gov.	<input type="text" value="1000.00"/>
	Candidate Name CHARLES GREGORY DAVIS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXAS)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement
Congressman Hall's 85th Birthday Party -

Candidate Name
RALPH MOODY HALL

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7318
Date of Disbursement
04 / 11 / 2008

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
HOOSIERS SUPPORTING BUYER FOR CONGRESS

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement
Luncheon - John Greene

Candidate Name
STEVE CONGRESSMAN BUYER

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7274
Date of Disbursement
04 / 02 / 2008

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
JOHN SHADEGGS FRIENDS

Mailing Address PO BOX 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement
4/10 Breakfast - John Greene

Candidate Name
JOHN B. SHADEGG

Office Sought: House Senate President
State: AZ District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7299
Date of Disbursement
04 / 08 / 2008

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: 7296 Date of Disbursement 04 / 08 / 2008
	Mailing Address PO BOX 45444	
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 4/10 Breakfast - John Greene	011 Category/ Type
	Candidate Name JOHN B. SHADEGG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: 7316 Date of Disbursement 04 / 10 / 2008
	Mailing Address PO BOX 45444	
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Void Ck 1373 4/8	012 Category/ Type
	Candidate Name JOHN B. SHADEGG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC	Transaction ID: 7322 Date of Disbursement 04 / 11 / 2008
	Mailing Address Post Office Box 470840	
	City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 5/1 Luncheon - John Greene	011 Category/ Type
	Candidate Name JOHN SULLIVAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) KELLER FOR CONGRESS</p> <p>Mailing Address P.O. Box 1453</p> <p>City Orlando State FL Zip Code 32802</p> <p>Purpose of Disbursement Nationals vs. Marlins fundraiser - John</p> <p>Candidate Name RICHARD A KELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7275 Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) KLINE FOR CONGRESS</p> <p>Mailing Address 101 W Burnsville Pkwy Suite 104</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement breakfast May 9 -- John Greene</p> <p>Candidate Name JOHN P. KLINE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7384 Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MCCOTTER CONGRESSIONAL COMMITTEE</p> <p>Mailing Address P.O. Box 530788</p> <p>City LIVONIA State MI Zip Code 48153</p> <p>Purpose of Disbursement Luncheon - John Greene</p> <p>Candidate Name THADDEUS G MR. MCCOTTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7276 Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS</p> <p>Mailing Address 213 Lisbon Street</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement May 15 Lobster Bake - John Greene</p> <p>Candidate Name MICHAEL H MICHAUD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7364 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS</p> <p>Mailing Address 608 Montgomery Ave.</p> <p>City Elizabethtown State KY Zip Code 42701</p> <p>Purpose of Disbursement 4/23 ROMP Event - John Greene</p> <p>Candidate Name ANNE M NORTHUP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7369 Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH</p> <p>Mailing Address PO BOX 1940</p> <p>City ERIE State PA Zip Code 16507</p> <p>Purpose of Disbursement 5/22 Lunch - Pete Stein</p> <p>Candidate Name PHILIP S. ENGLISH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7387 Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) PHILLIPS FOR CONGRESS</p> <p>Mailing Address 3523 PHYLLIS STREET</p> <p>City ENDWELL State NY Zip Code 13760</p> <p>Purpose of Disbursement 4/24 Luncheon - Pete Stein</p> <p>Candidate Name GEORGE K PHILLIPS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7374</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type 011</p>
<p>B. Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement May 1 Luncheon - Pete Stein</p> <p>Candidate Name JON SR PORTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7363</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type 011</p>
<p>C. Full Name (Last, First, Middle Initial) RELY ON YOUR BELIEFS FUND</p> <p>Mailing Address 209 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 5/14 Dinner - John Greene</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7320</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type 011</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) SALI FOR CONGRESS Mailing Address PO Box 71 City KUNA State ID Zip Code 83634 Purpose of Disbursement 4/23 ROMP Event - John Greene Candidate Name WILLIAM T. T SALI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01	Transaction ID: 7370 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address P.O. Box 11519 City Charleston State WV Zip Code 25339 Purpose of Disbursement 4/26 WV Event - Dave Dixon Candidate Name SHELLEY MOORE CAPITO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 02	Transaction ID: 7366 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) TEXAS FREEDOM FUND Mailing Address 104 East Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement 4/23 Dinner - John Greene Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 7351 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
THELMA DRAKE FOR CONGRESS

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement
4/15 Lunch with Drake and Rogers - John

Candidate Name
THELMA D. DRAKE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: VA District: 02

Transaction ID: 7319

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1536

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
4/16 Healthcare Coffee - John Greene

Candidate Name
TIM JOHNSON

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: SD District: 00

Transaction ID: 7317

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 123 West High Avenue

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement
Luncheon - Megan Mamarella

Candidate Name
ZACHARY T SPACE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 18

Transaction ID: 7270

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 123 West High Avenue

City State Zip Code
New Philadelphia OH 44663

Purpose of Disbursement
Luncheon - Megan Mamarella

Candidate Name
ZACHARY T SPACE

Office Sought: House
 Senate
 President

State: OH District: 18

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 7280

Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 123 West High Avenue

City State Zip Code
New Philadelphia OH 44663

Purpose of Disbursement
Voided CK 1365 4/1

Candidate Name
ZACHARY T SPACE

Office Sought: House
 Senate
 President

State: OH District: 18

Disbursement For: 2008
 Primary General
 Other (specify) ▼

012
Category/
Type

Transaction ID: 7315

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

38000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 52

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

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

A.

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

Mailing Address 2000 14th St N Ste 450

City State Zip Code
Arlington VA 22201

Purpose of Disbursement
contribution refunded

Candidate Name
Jessica F Waltman

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 7407

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

Amount of Each Disbursement this Period

85.00

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

85.00

TOTAL This Period (last page this line number only)

85.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 52

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

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

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT MICHAEL BURDO FOR STATE HOUSE OF REPRESENTATIVES

Transaction ID: 7385

Date of Disbursement

Mailing Address PO BOX 230402

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City State Zip Code
Grand Rapids MI 49523

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Mike Embry - In-district Event

011
Category/ Type

Candidate Name
Michael Burdo

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 07

SUBTOTAL of Disbursements This Page (optional) ►

400.00

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

400.00
