

**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) 2000 14TH ST

Check if different than previously reported. (ACC)

ARLINGTON VA 22201

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)
- Mar 20 (M3)
- Apr 20 (M4)
- Jul 20 (M7)
- May 20 (M5)
- Jun 20 (M6)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (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 06 01 2011 through 06 30 2011

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 07 17 2011

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

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		111303.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	97367.46									
(c) Total Receipts (from Line 19)	35074.24	250882.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132441.70	362185.46								
7. Total Disbursements (from Line 31)	37259.39	267003.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	95182.31	95182.31								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	22321.70	130604.20
(ii) Unitemized	12752.43	120273.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35074.13	250877.70
(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)	35074.13	250877.70
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.)	0.11	4.43
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))	35074.24	250882.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35074.24	250882.13

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.....	1759.39	13828.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1759.39	13828.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	35500.00	252750.00
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	0.00	425.00
(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))	0.00	425.00
29. Other Disbursements.....	0.00	0.00
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))..	37259.39	267003.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37259.39	267003.15

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)	35074.13	250877.70
34. Total Contribution Refunds (from Line 28(d))	0.00	425.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35074.13	250452.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1759.39	13828.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1759.39	13828.15

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 84

(check only one)

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

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

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

A.

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

Mailing Address 3830 Wakefield Dr

City State Zip Code
Colorado Springs CO 80906-4393

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

Name of Employer Occupation
Benefit Resources, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

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

Transaction ID: 11366-P47492

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

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

Mailing Address 11619 Brook Hill Ct

City State Zip Code
Anchorage AK 99516-1970

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

Name of Employer Occupation
The Wilson Agency, LLC Agent

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

Date of Receipt

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

Transaction ID: 11366-P47349

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kirk Andonian

Mailing Address 4423 Point Fosdick Dr NW Ste 306

City State Zip Code
Gig Harbor WA 98335-1794

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

Name of Employer Occupation
Berg Andonian Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

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

Transaction ID: 11366-P47163

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 84
	<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) Catherine M. Antonie		Date of Receipt
	Mailing Address W190 S7238 Lochcrest Blvd		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Muskego	WI	53150
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47576
Name of Employer Planned Futures LLC		Occupation Employee Benefit 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="300.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Elizabeth Ashmore		Date of Receipt
	Mailing Address 6102 82nd St Ste 6		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Lubbock	TX	79424-0803
	FEC ID number of contributing federal political committee. C		Transaction ID: 11368-P47745
Name of Employer Ashmore & Associates Insurance Agency		Occupation agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1030.00"/>	<input type="text" value="170.00"/>
			Payroll Deduction (\$170.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Virginia T. Ashton-Vernon		Date of Receipt
	Mailing Address 3702 Alton Rd SW		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Roanoke	VA	24014-3004
	FEC ID number of contributing federal political committee. C		Transaction ID: 11368-P47814
Name of Employer Lewis-Gale Medical Center		Occupation Director of Provider Relations	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="248.00"/>	<input type="text" value="42.00"/>
			Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="262.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kimberly L. Auclair

Mailing Address 6873 Raccoon Ct

City State Zip Code
Viera FL 32940-6869

FEC ID number of contributing federal political committee. C

Name of Employer: Pineapple Financial Services, LLC Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1180.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47264

Amount of Each Receipt this Period: 30.00

Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 117 Royal Oaks Dr

City State Zip Code
Canton GA 30115-6587

FEC ID number of contributing federal political committee. C

Name of Employer: Rick Bailey & Company, Inc. Occupation: agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 985.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47341

Amount of Each Receipt this Period: 125.00

Payroll Deduction: (\$125.00 Monthly)

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

Mailing Address 711 E Ashlan Ave

City State Zip Code
Fresno CA 93704-3705

FEC ID number of contributing federal political committee. C

Name of Employer: Blue Shield of California Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47400

Amount of Each Receipt this Period: 50.00

Payroll Deduction: (\$50.00 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Kathryn A. Beals</p> <p>Mailing Address 5151 W River Rd</p> <p>City State Zip Code Waunakee WI 53597-9523</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Dean Health Plan 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 ▼ 970.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11368-P47987</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$170.00 Monthly)</p>
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<p>B. 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 ▼ 1145.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11368-P47857</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$170.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) David A Berman</p> <p>Mailing Address 6510 N Shadeland Ave</p> <p>City State Zip Code Indianapolis IN 46220-4369</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Neace Lukens Holding Company, 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 ▼ 635.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11368-P47698</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)	425.00
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 10 / 84
(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)
Thomas Besselman

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code
Baton Rouge LA 70808-6200

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

Name of Employer Occupation
Besselman & Little Agency Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1625.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 11366-P47134

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

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

Mailing Address 2785 E Desert Inn Rd Ste 260

City State Zip Code
Las Vegas NV 89121-3693

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

Name of Employer Occupation
KIA Insurance President

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 11366-P47162

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

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

Mailing Address 6410 N Butler Rd

City State Zip Code
Cedar Falls IA 50613-9317

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

Name of Employer Occupation
The Accel Group Ins Design and Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 11366-P47344

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 435.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 84
	<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) Scott T. Buie		Date of Receipt
	Mailing Address 2819 E 4215 S		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Salt Lake City	UT	84124-2900
	FEC ID number of contributing federal political committee. C		Transaction ID: 11368-P47990
Name of Employer Buie Insurance Services		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00
			Payroll Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Patrick Burns		Date of Receipt
	Mailing Address 5653 Maxwellton Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Oakland	CA	94618-2654
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47575
Name of Employer Burns Employee Benefits Insurance Ser		Occupation Managing Member	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 ▼ 510.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Joseph W. Buyalos		Date of Receipt
	Mailing Address 9051 Major Smith Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Frederick	MD	21704-7831
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47083
Name of Employer The Insurance Exchange, 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 ▼ 510.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 220.00
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 12 / 84
(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)
Kareim R. Cade
 Mailing Address 1544 Pebble Beach Dr
 City State Zip Code
Pontiac MI 48340-1367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Great Lakes Benefit Group CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00
 Date of Receipt: 06 / 23 / 2011
Transaction ID: 11368-P47978
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David A. Cagliola
 Mailing Address 71 Quail Dr S
 City State Zip Code
Phoenixville PA 19460-1075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Radnor Benefits Group, Inc. Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00
 Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47345
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Louie L. Cason
 Mailing Address 2920 Gervais St
 City State Zip Code
Columbia SC 29204-3345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
The Cason Group, Inc. Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00
 Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47242
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 84
	<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) Russell B. Childers		Date of Receipt
	Mailing Address 402 Rawley Rd		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	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: 11368-P47979
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="510.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Dorothy M. Cociu		Date of Receipt
	Mailing Address PO Box 1941		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Big Bear Lake	CA	92315-1941
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Advanced Benefit Consulting & Insurance		Occupation Agent	Transaction ID: 11366-P47545
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="510.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Teresa Conto		Date of Receipt
	Mailing Address 145 Polaris Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Walkersville	MD	21793-9123
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Independent Benefit		Occupation Agent	Transaction ID: 11368-P47717
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="510.00"/>	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="255.00"/>
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 14 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6600 Westown Pkwy # 250

City State Zip Code
West Des Moines IA 50266-7724

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

Name of Employer: Krist Insurance Services Occupation: AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11368-P47695
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 17232 Brookview Dr

City State Zip Code
Livonia MI 48152-4543

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

Name of Employer: Health Care Administrators Occupation: agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47596
Amount of Each Receipt this Period: 42.00
Payroll Deduction: (\$42.00 Monthly)

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

Mailing Address 27 W Boscawen St

City State Zip Code
Winchester VA 22601-4740

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

Name of Employer: Cosby Insurance Group Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47109
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 212.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 84
	<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) Reed Damron		Date of Receipt
	Mailing Address 4642 Riveredge Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Duluth	GA	30096-2987
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HIRE Benefits, Inc.		Occupation Agent	Transaction ID: 11366-P47104
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="510.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) John A Davidson		Date of Receipt
	Mailing Address 25 Rolling Oaks Dr Ste 110		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Thousand Oaks	CA	91361-1003
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Davidson Insurance & financial Service		Occupation Insurance Agent	Transaction ID: 11366-P47159
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="510.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Johnny Lee Dawkins		Date of Receipt
	Mailing Address 122 Thorncliff Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Fayetteville	NC	28303-5268
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ebenconcepts		Occupation Broker/Consultant	Transaction ID: 11366-P47388
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="630.00"/>	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="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 16 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2010 Coleman Ct

City Midland State TX Zip Code 79705-1719

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

Name of Employer Insurance One Management, Inc / Don C Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2011

Transaction ID: 11366-P47172

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 5441 Edgerton Dr

City Norcross State GA Zip Code 30092-2185

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

Name of Employer DeBruin Benefit Services, Inc./ The L Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.00

Date of Receipt 06 / 23 / 2011

Transaction ID: 11366-P47566

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 2811 Lenoir Dr

City Greensboro State NC Zip Code 27408-5212

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

Name of Employer Carolina Benefit Administrators Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 23 / 2011

Transaction ID: 11366-P47569

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **132.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 84
	<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) Rush D. Dixon		Date of Receipt
	Mailing Address 1375 Piccard Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Rockville	MD	20850-4311
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47206
Name of Employer Early Cassidy and Schilling		Occupation VP of Employee Benefits	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="1145.00"/>	<input type="text" value="170.00"/>
			Payroll Deduction (\$170.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Steven H. Dodder		Date of Receipt
	Mailing Address PO Box 2069		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Monument	CO	80132-2069
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47214
Name of Employer Assurant Health		Occupation Regional Sales Director	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="685.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Michael A. Embry		Date of Receipt
	Mailing Address 26240 Wacker Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	New Baltimore	MI	48051-3306
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47504
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="465.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="340.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 84
	<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) Linda M. Erlenbach		Date of Receipt
	Mailing Address 151 Belcourt 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
	City	State	Zip Code
	Aurora	OH	44202-8438
	FEC ID number of contributing federal political committee. C		Transaction ID: 11368-P47973
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 ▼ 510.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) John G. Fagen		Date of Receipt
	Mailing Address PO Box 19		<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
	City	State	Zip Code
	Demotte	IN	46310-0019
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47259
Name of Employer Financial Arts 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 ▼ 510.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Nicole Fairbairn		Date of Receipt
	Mailing Address 2113 Dakota 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
	City	State	Zip Code
	Noblesville	IN	46062-9075
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47573
Name of Employer Creative Insurance Concepts, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 355.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 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 19 / 84
(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)
Cheryl S Farmer

Mailing Address 56114 C. R. 23

City Bristol State IN Zip Code 46507

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

Name of Employer Health Resources Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47320
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Jennifer Liane Farrell

Mailing Address 6958 W Juniper Ave

City Peoria State AZ Zip Code 85382-3999

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

Name of Employer Black, Gould & Associates Occupation Sr. Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47321
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

C.

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

Mailing Address 2842 Landing Way

City Marietta State GA Zip Code 30066-2362

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

Name of Employer Robert Fitzgerald Insurance Agency, I Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47522
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 84
	<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) Linda K. Friedrich	Date of Receipt MM / DD / YYYY 06 / 23 / 2011
	Mailing Address 3011 Crown Pointe Rd	Transaction ID: 11368-P47969
	City State Zip Code Lincoln NE 68506-5168	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
Name of Employer UNICO Financial Services, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Kelly Don Fristoe	Date of Receipt MM / DD / YYYY 06 / 23 / 2011
	Mailing Address 807 8th St Ste 300	Transaction ID: 11368-P47701
	City State Zip Code Wichita Falls TX 76301-3317	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 Financial Partners	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

C.	Full Name (Last, First, Middle Initial) Bruce E. Frizen	Date of Receipt MM / DD / YYYY 06 / 23 / 2011
	Mailing Address 1706 Grayscroft Dr	Transaction ID: 11366-P47604
	City State Zip Code Waxhaw NC 28173-6678	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$45.00 Monthly)
Name of Employer Horizon Benefits Consultants, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Michelle Fuller</p> <p>Mailing Address 36 Cascade Cv</p> <p>City State Zip Code Petal MS 39465-5805</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Stewart Sneed Hewes/Banco- Vice President, Advisor rpSouth Insu</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 485.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1</p> <p>Transaction ID: 11366-P47524</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Joan L. Galletta</p> <p>Mailing Address 3342 Kori Rd</p> <p>City State Zip Code Jacksonville FL 32257-8883</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation JP Perry Insurance, Inc. Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 510.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1</p> <p>Transaction ID: 11366-P47126</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) James S. Garbina</p> <p>Mailing Address 16510 Summit Dr</p> <p>City State Zip Code Omaha NE 68136-4038</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Harry A. Koch Co. Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 510.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1</p> <p>Transaction ID: 11368-P47996</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)	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 22 / 84
(check only one)

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

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

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

A.

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

Mailing Address 10605 Sterling Ridge Way

City State Zip Code
Reno NV 89521-5199

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11368-P47997

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

B.

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

Mailing Address 19 Tarworth Ter

City State Zip Code
Manchester NJ 08759-6671

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

Name of Employer Emerson, Reid & Co. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47323

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
James David Gibson

Mailing Address 93 Hollenbeck Rd

City State Zip Code
Irmo SC 29063-8076

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

Name of Employer Gibson & Associates, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47153

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 310.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 308 Beulah Ln

City State Zip Code
Irmo SC 29063-9573

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

Name of Employer Occupation
Gibson & Associates Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47508
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Richard R Girdler

Mailing Address 400 Sims Ln

City State Zip Code
Franklin TN 37069-1890

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

Name of Employer Occupation
Cowan Benefit Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47541
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 442 Teaneck Rd

City State Zip Code
Ridgefield Park NJ 07660-1516

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

Name of Employer Occupation
The Employee Benefits Advisors Group Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47327
Amount of Each Receipt this Period: 60.00
Payroll Deduction: (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Michael D. Gray
 Mailing Address 8230 Rockledge Road #123
 City Lincoln State NE Zip Code 68506-7519
 Date of Receipt MM / DD / YYYY
06 / 23 / 2011
Transaction ID: 11368-P47977
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer The Harry A. Koch Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 600.00

B. Full Name (Last, First, Middle Initial)
 Patricia A Griffey
 Mailing Address 56294 Primrose Cir
 City Elkhart State IN Zip Code 46516-1509
 Date of Receipt MM / DD / YYYY
06 / 23 / 2011
Transaction ID: 11366-P47326
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)
 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 510.00

C. Full Name (Last, First, Middle Initial)
 J.B. Gross
 Mailing Address 331 Clear Lake Ln
 City Weatherford State TX Zip Code 76087-9173
 Date of Receipt MM / DD / YYYY
06 / 23 / 2011
Transaction ID: 11366-P47483
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer J. B. Gross Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 510.00

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 25 / 84
	<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) Lorelei A. Gross		Date of Receipt
	Mailing Address 331 Clear Lake Ln		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Weatherford	TX	76087-9173
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47484
Name of Employer J. B. Gross Insurance		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="510.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Robert A Grundman		Date of Receipt
	Mailing Address 7412 Karl Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Lincoln	NE	68516-4368
	FEC ID number of contributing federal political committee. C		Transaction ID: 11368-P47947
Name of Employer Senior Benefit Strategies		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Craig G. Gussin		Date of Receipt
	Mailing Address 843 Summersong Ct		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Encinitas	CA	92024-5447
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47231
Name of Employer Auerbach & Gussin Insurance and Finan		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="440.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="220.00"/>
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 26 / 84

(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)

Teresa C. Gutierrez

Mailing Address 12833 Riverdance Dr

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer IBS/White Bear Group Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 290.00

Date of Receipt

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

Transaction ID: 11366-P47518

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Christopher S. Harrison

Mailing Address 921-C S McPherson Church Rd

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Ebenconcepts Company Occupation President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2460.00

Date of Receipt

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

Transaction ID: 11366-P47097

Amount of Each Receipt this Period

410.00

Payroll Deduction

(\$410.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Gerald G Hartman

Mailing Address 3822 Gemini Cir

City Boise State ID Zip Code 83709-4834

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

Name of Employer Insurance Network America Inc Occupation Agent

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

Date of Receipt

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

Transaction ID: 11366-P47332

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Matthew F. Hatfield</p> <p>Mailing Address 2207 Springfield Ave</p> <p>City State Zip Code Fort Wayne IN 46805-1541</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Sales Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47487</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Payroll Deduction (\$40.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Hedy S Hebert</p> <p>Mailing Address 4816 Woodberry Ln</p> <p>City State Zip Code Benton LA 71006-9361</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Benefit Consulting Services 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 ▼ 720.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47526</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Dan M. Heffley</p> <p>Mailing Address PO Box 50031</p> <p>City State Zip Code Henderson NV 89016-</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Employer Benefit Source, 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 ▼ 235.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47608</p> <p>Amount of Each Receipt this Period 10.00</p> <p>Payroll Deduction (\$10.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 84
(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)

John Heinz

Mailing Address 413 Roslyn Rd

City State Zip Code
Dundee IL 60118-1024

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

Name of Employer Occupation
INSource Benefits Consultants President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

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

Transaction ID: 11366-P47543

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5995

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

Name of Employer Occupation
Business Planning Group Of OK Agent

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

Date of Receipt

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

Transaction ID: 11368-P47780

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas L. Henry

Mailing Address 19310 Sonoma Hwy Ste A

City State Zip Code
Sonoma CA 95476-5454

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt

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

Transaction ID: 11366-P47121

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 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 29 / 84
(check only one)

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

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

A.

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

Mailing Address 38176 Medical Center Ave

City State Zip Code
Zephyrhills FL 33540-1380

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

Name of Employer Occupation
The Canadian Drugstore Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 455.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47252

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Jimmy C Hinson

Mailing Address 4951 Forsyth Rd

City State Zip Code
Macon GA 31210-

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

Name of Employer Occupation
BB&T Insurance Services, Inc. Agent

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

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11368-P47733

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

C.

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

Mailing Address 1185 Montclair Way

City State Zip Code
Snellville GA 30078-7327

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

Name of Employer Occupation
Multiple Benefits Corporation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47436

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 84
(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)
Kymberly J. Hopwood
Mailing Address 1955 Las Colinas Dr
City State Zip Code
Brentwood CA 94513-6601
FEC ID number of contributing federal political committee. **C**
Name of Employer Dealey, Renton & Associates
Occupation Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47491
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David L Hunt
Mailing Address 110 Mallard Ln
City State Zip Code
Madison MS 39110-8799
FEC ID number of contributing federal political committee. **C**
Name of Employer Hunt Insurance Agency
Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11368-P47952
Amount of Each Receipt this Period 35.00
Payroll Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Julia A. Jennings
Mailing Address 2 Lady Slipper Ln
City State Zip Code
Marion MA 02738-1294
FEC ID number of contributing federal political committee. **C**
Name of Employer Sylvia & Co. Ins. Agency, Inc.
Occupation Vice President, Employee Benef
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 635.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47348
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 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 31 / 84
(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)
Arthur C. Jetter

Mailing Address 13624 Parker Cir

City State Zip Code
Omaha NE 68154-3829

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

Name of Employer Occupation
Art Jetter & Company FLMI, LTCP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 11342

Amount of Each Receipt this Period
5000.00

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

Mailing Address 1482 Baron Ct

City State Zip Code
Stone Mountain GA 30087-3037

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

Name of Employer Occupation
David S. Johnson Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1070.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47494

Amount of Each Receipt this Period
180.00

Payroll Deduction
(\$180.00 Monthly)

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

Mailing Address 6235 Morrison Blvd Ste 302

City State Zip Code
Charlotte NC 28211-3508

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

Name of Employer Occupation
Strategic Employee Benefit Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11368-P47778

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **5220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) George R Keeling	Date of Receipt MM / DD / YYYY 06 / 23 / 2011
	Mailing Address 1875 N Highway 385	Transaction ID: 11368-P47956
	City State Zip Code Levelland TX 79336-9493	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 George R. Keeling Insurance Agency	Occupation Agent	
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) Dianne M. Kelley	Date of Receipt MM / DD / YYYY 06 / 23 / 2011
	Mailing Address 7320 N La Cholla Blvd	Transaction ID: 11368-P48013
	City State Zip Code Tucson AZ 85741-2309	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
Name of Employer Sandbrook Business Benefits Group	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Tamara P Kennedy	Date of Receipt MM / DD / YYYY 06 / 23 / 2011
	Mailing Address 9414 E Sera Brisa	Transaction ID: 11366-P47150
	City State Zip Code Scottsdale AZ 85255-6054	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200.00 Monthly)
Name of Employer Rogers Benefit Group, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00	

SUBTOTAL of Receipts This Page (optional)	335.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 84
(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)
Laurie J Kirkland
Mailing Address 6601 Glacier Ct
City State Zip Code
Yakima WA 98908-2382
FEC ID number of contributing federal political committee. **C**
Name of Employer Conover Insurance, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47305
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Linda Rose Koehler
Mailing Address 516 Shelley St
City State Zip Code
Livermore CA 94550-2368
FEC ID number of contributing federal political committee. **C**
Name of Employer Herzog Insurance Agency Occupation Health Benefits Insurance Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11368-P47938
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mark Kolterman
Mailing Address PO Box 426
City State Zip Code
Seward NE 68434-0426
FEC ID number of contributing federal political committee. **C**
Name of Employer Kolterman Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47124
Amount of Each Receipt this Period 35.00
Payroll Deduction (\$35.00 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 34 / 84
(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)
Susanne Kolterman

Mailing Address PO Box 426

City State Zip Code
Seward NE 68434-0426

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

Name of Employer
Kolterman Agency, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11368-P48014

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

B.

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

Mailing Address 2120 Nelsons Creek Dr

City State Zip Code
Omaha NE 68116-5135

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

Name of Employer
Holmes Murphy and Associates, Inc.

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11368-P47834

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Daniel C LaBroad

Mailing Address 710 Farmers Market Way

City State Zip Code
Dallas TX 75201-8451

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

Name of Employer
Ovation Health & Life Services, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47457

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Andrew M. LaRocco</p> <p>Mailing Address 84 Dartmouth Ave</p> <p>City State Zip Code Avondale Estates GA 30002-1410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The LaRocco Companies President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47501</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Payroll Deduction (\$40.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Emma S Leigh</p> <p>Mailing Address 5101 Peachtree Rd</p> <p>City State Zip Code Atlanta GA 30341-2715</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Alliant Health Systems Sr. Sales Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47143</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Karen B. Leonard</p> <p>Mailing Address 8 Shakespeare Rd</p> <p>City State Zip Code Hackettstown NJ 07840-4707</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Leonard Financial Group, LLC 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 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47586</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)	175.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 36 / 84
(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)
Robert M. Lindsay
 Mailing Address 220 Emerson Pl
 City State Zip Code
 Davenport IA 52801-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Trissel Graham & Toodle 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 6 / 2 3 / 2 0 1 1
Transaction ID: 11366-P47612
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Juan R. Lopez
 Mailing Address 27 Banstead
 City State Zip Code
 Trabuco Canyon CA 92679-3740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kaiser Permanente Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 1 1
Transaction ID: 11366-P47460
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kate Ludwigson
 Mailing Address 4274 Mill Ridge Circle
 City State Zip Code
 Eau Claire WI 54703-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Area Financial Services Inc. Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 1 1
Transaction ID: 11366-P47309
 Amount of Each Receipt this Period
 10.00
 Payroll Deduction
 (\$10.00 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 37 / 84
(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)
Joseph L Lunenschloss
Mailing Address 1976 Willeo Creek Pt
City Marietta State GA Zip Code 30068-1554
FEC ID number of contributing federal political committee. **C**
Name of Employer Digital Insurance, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47310
Amount of Each Receipt this Period 25.00
Payroll Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Maurice Lyons
Mailing Address 301 Madison Ave Fl 4
City New York State NY Zip Code 10017-8103
FEC ID number of contributing federal political committee. **C**
Name of Employer The Medical Link, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1625.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47226
Amount of Each Receipt this Period 250.00
Payroll Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jim Malone
Mailing Address 124 Main Ave N
City Fayetteville State TN Zip Code 37334-3056
FEC ID number of contributing federal political committee. **C**
Name of Employer The Malone Company Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47123
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 305.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 84

(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)
Kimberly C. Martin

Mailing Address 6 Rasada Dr

City State Zip Code
Weaverville NC 28787-9306

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

Name of Employer Occupation
Ebenconcepts Agent

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

Date of Receipt

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

Transaction ID: 11368-P47835

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Matthew L. Masone

Mailing Address 367 Sheffield Rd

City State Zip Code
Severna Park MD 21146-1647

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

Name of Employer Occupation
Lincoln Financial Group Agent

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

Date of Receipt

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

Transaction ID: 11366-P47448

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$45.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City State Zip Code
Greensboro NC 27410-8362

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

Name of Employer Occupation
EbenConcepts Company Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

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

Transaction ID: 11366-P47462

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 84
(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)
H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City State Zip Code
South Jordan UT 84095-2229

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

Name of Employer: McDermott Company & Associates
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47312
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction: (\$50.00 Monthly)

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

Mailing Address 9905 S Maplewood Ave

City State Zip Code
Tulsa OK 74137-5534

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

Name of Employer: BenEx Insurance Agency
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 22 / 2011
Transaction ID: 11360
 Amount of Each Receipt this Period: 30.00

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

Mailing Address 9905 S Maplewood Ave

City State Zip Code
Tulsa OK 74137-5534

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

Name of Employer: BenEx Insurance Agency
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1330.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11368-P47914
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 84
(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)
Ward McKalson

Mailing Address 22365 Ferdinand Ct

City Salinas State CA Zip Code 93908-1106

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

Name of Employer Leavitt Central Coast Insurance Servi Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2011

Transaction ID: 11366-P47453

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Keith H. McNeil

Mailing Address 7200 Redwood Blvd Ste 400

City Novato State CA Zip Code 94945-3249

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

Name of Employer Elite Brokerage Services, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2011

Transaction ID: 11366-P47461

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Griffin L. Meredith

Mailing Address 2518 Wendell Ave

City Louisville State KY Zip Code 40205-3012

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

Name of Employer FSAB Benefits Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 06 / 23 / 2011

Transaction ID: 11366-P47303

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 41 / 84
	<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) Dennis F. Mobley		Date of Receipt
	Mailing Address 459 Pimlico Pl		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Jackson	MS	39211-4030
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mobley Insurance Agency, LLC		Occupation Office Manager	Transaction ID: 11368-P47837
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Sandra V Mobley		Date of Receipt
	Mailing Address 5454 I 55 N Ste B		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Jackson	MS	39211-4027
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sandra Mobley Agency LLC		Occupation Agent	Transaction ID: 11368-P47705
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) David R. Moore		Date of Receipt
	Mailing Address 605 Truitt Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Elon	NC	27244-9262
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer David R. Moore, CLU & Associates		Occupation Agent	Transaction ID: 11368-P47936
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="510.00"/>	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="185.00"/>
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 42 / 84
(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)
Joseph C. Moss

Mailing Address 14202 Chimney House Rd

City State Zip Code
Midlothian VA 23112-4304

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

Name of Employer Occupation
M&T Bank HSA Specialist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 11368-P47901

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

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

Mailing Address 404 N 2nd Ave Ste B

City State Zip Code
Upland CA 91786-4793

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

Name of Employer Occupation
Ray Musser & Assoc. Insurance Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 11366-P47255

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 32110 Agoura Rd

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 11366-P47204

Amount of Each Receipt this Period
416.70

Payroll Deduction
(\$416.70 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **511.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 84
	<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) Ron J. Nezat		Date of Receipt
	Mailing Address 2632 Ducharme Rd		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Opelousas	LA	70570-8630
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Global Financial Resources, Inc.		Occupation Agent	Transaction ID: 11366-P47232
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1125.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$250.00 Monthly)	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Terri M. Olson		Date of Receipt
	Mailing Address PO Box 21479		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Keizer	OR	97307-1479
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Olson Insurance		Occupation Agent	Transaction ID: 11368-P47743
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="390.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$50.00 Monthly)	<input type="text" value="50.00"/>

C.	Full Name (Last, First, Middle Initial) John C. Parker		Date of Receipt
	Mailing Address 47 Laurel Hill Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Niantic	CT	06357-1536
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Parker Agency		Occupation Principal	Transaction ID: 11368-P47917
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="725.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$100.00 Monthly)	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="400.00"/>
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 44 / 84

(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)

Jesse A. Patton

Mailing Address 701 Grand Ave

City State Zip Code
West Des Moines IA 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 2100.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47281

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$350.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ross W. Pendergraft

Mailing Address 16622 Calahan St

City State Zip Code
North Hills CA 91343-3602

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

Name of Employer Arroyo Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 510.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47429

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David R. Perry

Mailing Address 2003 Charvais Dr

City State Zip Code
Lake Charles LA 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 360.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47443

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

495.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 84
(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)
Susan R. Pittman
Mailing Address 32418 51st Ave SW
City State Zip Code
Federal Way WA 98023-1936
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Insure NW Inc. Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt: 06 / 23 / 2011
Transaction ID: 11368-P47761
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Tom G. Polenzani
Mailing Address 1120 Atchison St
City State Zip Code
Pasadena CA 91104-1319
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Polenzani Benefits & Ins. Svcs., Inc. Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1145.00
Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47284
Amount of Each Receipt this Period: 170.00
Payroll Deduction: (\$170.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John G. Prue
Mailing Address 12713 S Edinburg St
City State Zip Code
Olathe KS 66062-1300
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Humana, Inc. Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00
Date of Receipt: 06 / 23 / 2011
Transaction ID: 11368-P47827
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 305.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 84
(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)
Kathy M. Rainwater
Mailing Address 3809 Silverwood Dr
City Tyler State TX Zip Code 75701-9336
FEC ID number of contributing federal political committee. **C**
Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11368-P47923
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Susan Maley Rash
Mailing Address 2519 Kettlewell Ct
City Midlothian State VA Zip Code 23113-6726
FEC ID number of contributing federal political committee. **C**
Name of Employer BB&T Benefit Consultants of Virginia Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 635.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47286
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. 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 ▼ 1500.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47287
Amount of Each Receipt this Period 250.00
Payroll Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 420.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 84
(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)
Kenneth L. Ray

Mailing Address 110 Beaver Bnd

City State Zip Code
Canton MS 39046-9296

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

Name of Employer Occupation
Stewart Sneed Hewes/Banco- Director of Marketing - Life/H
rpSouth Insu

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 11366-P47288

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Dennis J. Recker

Mailing Address 971 N Perry St

City State Zip Code
Ottawa OH 45875-1218

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

Name of Employer Occupation
Fawcett, Lammon, Recker Registered Representative
& Associates

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 11368-P47758

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

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

Mailing Address 13800 Jackson Rd

City State Zip Code
Mishawaka IN 46544-9195

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

Name of Employer Occupation
Synergy Insurance Group 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 6 / 2 3 / 2 0 1 1

Transaction ID: 11366-P47131

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patrick Reuszer

Mailing Address 312 Elm Sreet

City State Zip Code
Cincinnati OH 45202

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

Name of Employer Assurant Employee Benefits Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47195
Amount of Each Receipt this Period: 50.00
Payroll Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
R Dane Rianhard

Mailing Address 1 N Charles St

City State Zip Code
Baltimore MD 21201-3740

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

Name of Employer FranklinMorris Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47618
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John M. Rice

Mailing Address 1401 S Westward Ho PI

City State Zip Code
Sioux Falls SD 57105-0155

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

Name of Employer Rice Insurance Agency, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 22 / 2011
Transaction ID: 11361
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1135.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 84
(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)
Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City State Zip Code
Kennesaw GA 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 ▼ 635.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47372
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Susan M. Rider

Mailing Address 45 Apple Tree Cir

City State Zip Code
Fishers IN 46038-1111

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

Name of Employer Gregory & Appel Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 348.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47445
Amount of Each Receipt this Period 72.00
Payroll Deduction (\$42.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City State Zip Code
El Paso TX 79912-2803

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

Name of Employer Goodman Financial Group Occupation VP - Employee Benefits

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

Date of Receipt 06 / 23 / 2011
Transaction ID: 11368-P47828
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 207.00

TOTAL This Period (last page this line 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 50 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt

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

Transaction ID: 11366-P47090

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Sharon L. Robbins

Mailing Address PO Box 530

City State Zip Code
Asheville NC 28802-0530

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

Name of Employer Insurance Service of Asheville
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt

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

Transaction ID: 11368-P47795

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 4000 S 36th St

City State Zip Code
Lincoln NE 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 ▼ 1020.00

Date of Receipt

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

Transaction ID: 11368-P47908

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 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 51 / 84
(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)
William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code
Palm Springs CA 92262-7922

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

Name of Employer: Palm Canyon Insurance Agency
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11368-P47926
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 15 Kennedy Dr

City State Zip Code
Budd Lake NJ 07828-1438

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47292
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 9721 Wellington Rdg

City State Zip Code
Woodbury MN 55125-9592

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

Name of Employer: Sailer Benefit Services, Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47297
 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 52 / 84
(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 J. Salamon
Mailing Address PO Box 4252
City Timonium State MD Zip Code 21094-4252
FEC ID number of contributing federal political committee. **C**
Name of Employer Landmark Insurance & Financial Group Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 635.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47188
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Raymer M. Sale
Mailing Address 2135 Enclave Mill Dr
City Dacula State GA Zip Code 30019-3290
FEC ID number of contributing federal political committee. **C**
Name of Employer E2E Benefits Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1025.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47298
Amount of Each Receipt this Period 150.00
Payroll Deduction (\$150.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Rose P. Sandoval
Mailing Address 2 Main St Ste 340
City Stoneham State MA Zip Code 02180-3336
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Strategy Partners, LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47243
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 335.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 84
(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)
Alfonso C. Schiebel

Mailing Address 706 Trailwood Lane

City State Zip Code
Marietta GA 30064-

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

Name of Employer Occupation
Schiebel & Associates, LLC Agent
dba Shopbe

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

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 11366-P47299

Amount of Each Receipt this Period
35.00

Payroll Deduction
(\$35.00 Monthly)

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 Occupation
Mengel, Surdyke, Murphy and Finke Benefits Consultant

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

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: 11302

Amount of Each Receipt this Period
100.00

C.

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 Occupation
Mengel, Surdyke, Murphy and Finke Benefits Consultant

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

Date of Receipt
MM / DD / YYYY
06 / 29 / 2011

Transaction ID: 11372

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **185.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 84
	<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) Alan R. Schulman		Date of Receipt
	Mailing Address 10010 Colesville Rd Ste A		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Silver Spring	MD	20901-2348
	FEC ID number of contributing federal political committee. C		Transaction ID: 11368-P47750
Name of Employer Insurance Benefits & Advisors		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="470.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) James D. Schulz		Date of Receipt
	Mailing Address 7101 S 82nd St		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Lincoln	NE	68516-6584
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47207
Name of Employer Midlands Financial 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" value="425.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Ronald C. Segal		Date of Receipt
	Mailing Address 3621 Deauvilla Ct		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Calabasas	CA	91302-3047
	FEC ID number of contributing federal political committee. C		Transaction ID: 11366-P47392
Name of Employer Ron Segal Insurance Services, 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="360.00"/>	<input type="text" value="60.00"/>
			Payroll Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="195.00"/>
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 55 / 84
	<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) Gregory J. Seifert		Date of Receipt
	Mailing Address 3311 NE 115th Street		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Vancouver	WA	98686-3945
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Biggs Insurance Services		Occupation Agent	Transaction ID: 11366-P47394
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1060.00"/>	Amount of Each Receipt this Period <input type="text" value="170.00"/>
			Payroll Deduction (\$170.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Scott A Shalek		Date of Receipt
	Mailing Address PO Box 67		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Ringwood	IL	60072-0067
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Shalek Financial Services		Occupation Agent	Transaction ID: 11366-P47176
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="510.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Douglas W Sheffer		Date of Receipt
	Mailing Address 2425 Malabar Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Eugene	OR	97403-1893
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PacificSource Health Plans		Occupation Agent	Transaction ID: 11366-P47407
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="355.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 84
(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)
Kenneth A. Sherlin

Mailing Address 8 1st St

City Asheville State NC Zip Code 28803-1414

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

Name of Employer: Keystone Financial & Benefit Resources
Occupation: Marketing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11368-P47911
 Amount of Each Receipt this Period: 42.00
 Payroll Deduction: (\$42.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
David M. Sherrill

Mailing Address 2844 Regal Ln

City Oviedo State FL Zip Code 32765-7573

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

Name of Employer: Sherrill Insurance Brokerage, Inc.
Occupation: Vice President/Life & LTC Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47438
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Anya Y. Simpson

Mailing Address 82 N Boxwood St

City Hampton State VA Zip Code 23669-2464

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

Name of Employer: Benefit Plans, Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: 11366-P47416
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **102.00**

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

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

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

FOR LINE NUMBER: PAGE 57 / 84
(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)
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 ▼ 510.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47209
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 06 / 23 / 2011
Transaction ID: 11366-P47127
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 100 Queen St

City Southington State CT Zip Code 06489-2052

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

Name of Employer AmeriBen Alliance, LLC Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47142
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 84

(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)
Sam Smith

Mailing Address 13025 Erwin Street

City State Zip Code
Valley Glen CA 91401-

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

Name of Employer Occupation
Genesis Financial President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

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

Transaction ID: 11366-P47417

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Sheryl M. Soileau

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code
Baton Rouge LA 70808-6200

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

Name of Employer Occupation
Besselman & Little Agency Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 485.00

Date of Receipt

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

Transaction ID: 11368-P47797

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Jim Spahr

Mailing Address 1457 Capri Ave

City State Zip Code
Petaluma CA 94954-1458

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

Name of Employer Occupation
Jackie & Jim Spahr Insurance Services Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

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

Transaction ID: 11366-P47398

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 84

(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)

Sher Sparano

Mailing Address 7020 108th St # 5-0

City State Zip Code
Forest Hills NY 11375-4449

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

Name of Employer Occupation
Benefits Advisory Service President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 535.00

Date of Receipt

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

Transaction ID: 11366-P47205

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Anne P. Sperling

Mailing Address 25 Antigua Rd

City State Zip Code
Santa Fe NM 87508-2201

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

Name of Employer Occupation
Daniels Insurance, Inc. Employee Benefits Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 485.00

Date of Receipt

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

Transaction ID: 11366-P47419

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jackie L. Spragins

Mailing Address 2009 Speedway Ave

City State Zip Code
Wichita Falls TX 76301-6067

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

Name of Employer Occupation
Allred-Thompson-Mason-Daugherty Insur Agent

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

Date of Receipt

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

Transaction ID: 11368-P47894

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 84

(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)

Zachary Stafford

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code
Baton Rouge LA 70808-6200

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

Name of Employer Occupation
Besselman & Little Agency Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.00

Date of Receipt

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

Transaction ID: 11366-P47623

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Delvin L. Stahl

Mailing Address PO Box 388

City State Zip Code
Sutton NE 68979-0388

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

Name of Employer Occupation
Insurance Plus, Inc. Agent

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

Date of Receipt

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

Transaction ID: 11368-P47819

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Eugene A Starks

Mailing Address 408 Oakleigh Cir

City State Zip Code
Brandon MS 39047-5079

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

Name of Employer Occupation
Benefit Administration Services, Ltd. Partner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

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

Transaction ID: 11368-P47870

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 84
(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)
James R Stenger

Mailing Address 381 Victoria Drive

City State Zip Code
Bridgewater NJ 07936

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

Name of Employer BenefitMall Occupation Director of Business Developme

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1645.00**

Date of Receipt **06 / 23 / 2011**
Transaction ID: 11368-P47884
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction **(\$170.00 Monthly)**

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

Mailing Address 381 Victoria Drive

City State Zip Code
Bridgewater NJ 08807

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

Name of Employer MVS Consulting Occupation Agent

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2135.00**

Date of Receipt **06 / 23 / 2011**
Transaction ID: 11368-P47707
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction **(\$85.00 Monthly)**

C. Full Name (Last, First, Middle Initial)
Kirk D. Stoddard

Mailing Address 5237 Barron Park Dr

City State Zip Code
San Jose CA 95136-2810

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

Name of Employer Kirk Stoddard & Associates Occupation Agent/Broker

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **06 / 23 / 2011**
Transaction ID: 11366-P47421
 Amount of Each Receipt this Period **10.00**
 Payroll Deduction **(\$10.00 Monthly)**

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: (check only one)	PAGE 62 / 84
	<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) Rodney Stuart		Date of Receipt
	Mailing Address 9755 Randall Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 23 / 2011
	City	State	Zip Code
	Indianapolis	IN	46280-2951
	FEC ID number of contributing federal political committee.		Transaction ID: 11366-P47370
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer Benefit Innovations, LLP		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"/> 600.00	(\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) James L. Sugden		Date of Receipt
	Mailing Address 544 Wild Ridge Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 23 / 2011
	City	State	Zip Code
	Lafayette	CO	80026-2583
	FEC ID number of contributing federal political committee.		Transaction ID: 11368-P47885
		Amount of Each Receipt this Period	
		<input type="text"/> 85.00	
Name of Employer Employee Benefit Solutions, Inc.		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 635.00	(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Mark W. Sulpizio		Date of Receipt
	Mailing Address 1630 Riverton Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 23 / 2011
	City	State	Zip Code
	Cinnaminson	NJ	08077-2343
	FEC ID number of contributing federal political committee.		Transaction ID: 11366-P47404
		Amount of Each Receipt this Period	
		<input type="text"/> 85.00	
Name of Employer Innovative Benefit Planning		Occupation Partner	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)

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 63 / 84
(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)
James F. Summers
Mailing Address 15316 Pine St
City Omaha State NE Zip Code 68144-5117
FEC ID number of contributing federal political committee. **C**
Name of Employer Senior Market Sales, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11368-P47886
Amount of Each Receipt this Period 125.00
Payroll Deduction (\$125.00 Monthly)

B. Full Name (Last, First, Middle Initial)
William L Sutherland
Mailing Address 19126 Kristen Way
City San Antonio State TX Zip Code 78258-3618
FEC ID number of contributing federal political committee. **C**
Name of Employer Wortham Insurance & Risk Management Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47342
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ryan R. Swinton
Mailing Address 9931 N 151st St
City Waverly State NE Zip Code 68462-1611
FEC ID number of contributing federal political committee. **C**
Name of Employer Midlands Financial Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47426
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 310.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 64 / 84
(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)
Frank Todd Taylor

Mailing Address 11 Millstone Rd

City Richmond State VA Zip Code 23228-5407

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

Name of Employer Medical Society of Virginia Insurance Occupation Account Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47399
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 22887 NE 127th Way

City Redmond State WA Zip Code 98053-5657

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

Name of Employer Tellesbo & Company Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47377
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 424 Avenue E

City Redondo Beach State CA Zip Code 90277-5141

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

Name of Employer Dave Terpening Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11366-P47410
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 65 / 84
(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)
Harry P. Thal

Mailing Address PO Box 2137

City State Zip Code
Kernville CA 93238-2137

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

Name of Employer Harry P. Thal Insurance Agency
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt

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

Transaction ID: 11366-P47244

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 4521 Laurel St

City State Zip Code
New Orleans LA 70115-1538

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

Name of Employer Business Insurance Group
Occupation Director of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt

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

Transaction ID: 11366-P47379

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 7212 Redlac Dr

City State Zip Code
Clifton VA 20124-1948

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

Name of Employer NAHU
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt

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

Transaction ID: 11368-P47887

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **340.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 84
	<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) C. Louanne Trebing		Date of Receipt
	Mailing Address 1806 Patton Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Garland	TX	75042-8205
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Trebing Insurance Services		Occupation Agent	Transaction ID: 11368-P47888
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) John E. Ulness		Date of Receipt
	Mailing Address 214 N Superior St		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Appleton	WI	54911-4774
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation Self-employed	Transaction ID: 11366-P47386
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"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			Payroll Deduction (\$10.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Robert B. Vernon		Date of Receipt
	Mailing Address 3702 Alton Rd SW		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Roanoke	VA	24014-3004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Southwind Health Partners		Occupation President	Transaction ID: 11368-P47889
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 84
(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)
Rand R. Wall

Mailing Address 1004 Sugardale Ct

City State Zip Code
Sugar Land TX 77498-2760

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11368-P47877
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

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

Mailing Address 2000 14th St N Ste 450

City State Zip Code
Arlington VA 22201-2573

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

Name of Employer NAHU Occupation VP, Policy and State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11368-P47788
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
M. Hughes Waren

Mailing Address 1109 Princeton Dr

City State Zip Code
Wilmington NC 28403-2528

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

Name of Employer Ebenconcepts, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2011
Transaction ID: 11368-P47818
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 68 / 84
	<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) John L. Warwick		Date of Receipt
	Mailing Address PO Box 272		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Chico	CA	95927-0272
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer John Warwick Insurance Services		Occupation Agent	Transaction ID: 11366-P47271
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="510.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$85.00 Monthly)	<input type="text" value="85.00"/>

B.	Full Name (Last, First, Middle Initial) Dan Webb		Date of Receipt
	Mailing Address 5251 Office Park Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Bakersfield	CA	93309-0404
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Webb Insurance Group		Occupation Marketing Manager	Transaction ID: 11368-P47735
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1020.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$170.00 Monthly)	<input type="text" value="170.00"/>

C.	Full Name (Last, First, Middle Initial) Charles L. Westmoreland		Date of Receipt
	Mailing Address PO Box 925		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Jackson	MS	39205-0925
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Public Life Insurance Company		Occupation Director of Agency Development	Transaction ID: 11366-P47082
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="360.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="60.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="315.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 84

(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)
Lisa Wetherton

Mailing Address 2150 Imperial Dr

City State Zip Code
Gainesville GA 30501-1306

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

Name of Employer Occupation
Benefit Design Strategies Agent

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

Date of Receipt

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

Transaction ID: 11366-P47273

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

B.

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

Mailing Address 2745 Dallas Pkwy

City State Zip Code
Plano TX 75093-8731

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

Name of Employer Occupation
Assurant Employee Benefits Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

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

Transaction ID: 11366-P47239

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Zach J. Wilding

Mailing Address 712 Kingston Cir

City State Zip Code
Brownsburg IN 46112-8337

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

Name of Employer Occupation
OneAmerica Sales Representative

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

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

Transaction ID: 11366-P47423

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Michael R Williams</p> <p>Mailing Address 302 S 36th St Ste 105</p> <p>City State Zip Code Omaha NE 68131-3845</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Williams Deras & Associates Sales</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 510.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1</p> <p>Transaction ID: 11366-P47120</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Paula L Wilson</p> <p>Mailing Address 31930 Daniel Way</p> <p>City State Zip Code Temecula CA 92591-2129</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Paula Wilson, Inc. Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 510.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1</p> <p>Transaction ID: 11368-P47867</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Steven L. Wilson</p> <p>Mailing Address 1151 Red Mile Rd</p> <p>City State Zip Code Lexington KY 40504-2649</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Benefit Insurance Marketing Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1</p> <p>Transaction ID: 11366-P47257</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	220.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dennis C Woehler</p> <p>Mailing Address 5318 Westhaven Dr.</p> <p>City State Zip Code <u>Evansville</u> <u>IN</u> <u>47720-</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer ONB Insurance Group, Inc.</p> <p>Occupation Group Benefits Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 355.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47383</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Rosanne Wolfe</p> <p>Mailing Address 4600 E Swans Nest Rd</p> <p>City State Zip Code <u>Tucson</u> <u>AZ</u> <u>85718-6248</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wolfe Insurance & Consultants, LLC</p> <p>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 ▼ 315.00</p>	<p>Date of Receipt 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47414</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Barbara Wright</p> <p>Mailing Address 318 Calash Run</p> <p>City State Zip Code <u>Fort Wayne</u> <u>IN</u> <u>46845-2104</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Intrahealthsolutions, Inc.</p> <p>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 06 / 23 / 2011</p> <p>Transaction ID: 11366-P47470</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)	145.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 72 / 84	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Dennis E. Wright		Date of Receipt																					
	Mailing Address 318 Calash Run		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	3		2	0	1	1														
	City State Zip Code Fort Wayne IN 46845-2104		Transaction ID: 11366-P47278																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00																					
Name of Employer IntraHealth Solutions, In- c.		Occupation President																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction Aggregate Year-to-Date ▼ 760.00 (\$85.00 Monthly)																						

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	22321.70

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)

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 11459 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Banking Fee	<input type="text" value="265.55"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 11460 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Collection Fee	<input type="text" value="4.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 11458 Date of Disbursement
	Mailing Address 4701 N Keystone Ave # 100	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Indianapolis State IN Zip Code 46205	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Banking Fee	<input type="text" value="1137.48"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1407.98"/>
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)

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<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 <hr/> Mailing Address 4701 N Keystone Ave # 100 <hr/> City Indianapolis State IN Zip Code 46205 <hr/> Purpose of Disbursement Banking Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11461 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 1
	Amount of Each Disbursement this Period 339.41
B. Full Name (Last, First, Middle Initial) Regions Bank <hr/> Mailing Address 4701 N Keystone Ave # 100 <hr/> City Indianapolis State IN Zip Code 46205 <hr/> Purpose of Disbursement Banking Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11457 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 12.00

SUBTOTAL of Disbursements This Page (optional) ►

351.41

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

1759.39

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) BOREN FOR CONGRESS	Transaction ID: 11278 Date of Disbursement																			
	Mailing Address PO Box 1924	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
	City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lunch 6.1	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name DAVID DANIEL BOREN	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: 11356 Date of Disbursement																			
	Mailing Address 5915 EASTMAN AVENUE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Event 6.21	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name DAVID LEE CAMP	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: 11362 Date of Disbursement																			
	Mailing Address 5915 EASTMAN AVENUE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Event 6.21	<table border="1"><tr><td>-5000.00</td></tr></table>	-5000.00																		
-5000.00																					
	Candidate Name DAVID LEE CAMP	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00
1000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS Mailing Address PO BOX 538 City WAUSAU State WI Zip Code 54402 Purpose of Disbursement Lunch 6.15 Candidate Name SEAN DUFFY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11351 Date of Disbursement 06 / 15 / 2011 Amount of Each Disbursement this Period -1000.00
B.	Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS Mailing Address PO BOX 538 City WAUSAU State WI Zip Code 54402 Purpose of Disbursement Lunch 6.15 Candidate Name SEAN DUFFY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11335 Date of Disbursement 06 / 15 / 2011 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS Mailing Address PO BOX 538 City WAUSAU State WI Zip Code 54402 Purpose of Disbursement Breakfast 6.23 Candidate Name SEAN DUFFY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11354 Date of Disbursement 06 / 23 / 2011 Amount of Each Disbursement this Period 1000.00

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)
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Detailed Summary Page

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

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

<p>A. Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS</p> <p>Mailing Address 22 WEST PADONIA ROAD SUITE C-141</p> <p>City TIMONIUM State MD Zip Code 21093</p> <p>Purpose of Disbursement Lunch 6.22</p> <p>Candidate Name DUTCH RUPPERSBERGER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11355 Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 EAST MAIN STREET, SUITE 200</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement Dinner 3.31</p> <p>Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</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: 11370 Date of Disbursement 06 / 05 / 2011</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF FRANK GUINTA</p> <p>Mailing Address P.O. BOX 877</p> <p>City MANCHESTER State NH Zip Code 03105</p> <p>Purpose of Disbursement Event 6.30</p> <p>Candidate Name FRANK GUINTA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11374 Date of Disbursement 06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>001 Category/ Type</p>

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO <hr/> Mailing Address PO BOX 52008 <hr/> City CASPER State WY Zip Code 82605 <hr/> Purpose of Disbursement Dinner 6.28 Candidate Name JOHN BARRASSO <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11333 Date of Disbursement 06 / 28 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement Contribution Candidate Name JOHN J. BARROW <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11314 Date of Disbursement 06 / 08 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER <hr/> Mailing Address 7908 Cincinnati Dayton Road <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement Birdie Hunt Candidate Name JOHN A BOEHNER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11298 Date of Disbursement 06 / 01 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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)

<p>A. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement In-district event 6.20</p> <p>Candidate Name J. PHILLIP GINGREY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11297</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS</p> <p>Mailing Address 2345 GRAND, SUITE 2400</p> <p>City KANSAS CITY State MO Zip Code 64108</p> <p>Purpose of Disbursement Lunch 6.2</p> <p>Candidate Name SAMUEL B 'SAM' GRAVES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11364</p> <p>Date of Disbursement 06 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement Breakfast 6.30</p> <p>Candidate Name ORRIN G HATCH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11365</p> <p>Date of Disbursement 06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 700 13TH STREET, NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Dinner 6.23</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11332 Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS</p> <p>Mailing Address 4590 Macarthur Boulevard</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Lunch 6.3</p> <p>Candidate Name JOHN BT III CAMPBELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11279 Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS, INC</p> <p>Mailing Address POST OFFICE BOX 470840</p> <p>City TULSA State OK Zip Code 74147</p> <p>Purpose of Disbursement Lunch 6.16</p> <p>Candidate Name JOHN SULLIVAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11373 Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

Use separate schedule(s)
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(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) KELLY PAC	Transaction ID: 11315 Date of Disbursement 06 / 06 / 2011
	Mailing Address 901 N WASHINGTON STREET SUITE 102	Amount of Each Disbursement this Period 2500.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Dinner 6.6 Candidate Name KELLY PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS COMMITTEE	Transaction ID: 11299 Date of Disbursement 06 / 20 / 2011
	Mailing Address PO Box 20123	Amount of Each Disbursement this Period 2500.00
	City Riverside State CA Zip Code 92516	
	Purpose of Disbursement Golf Tournament Candidate Name KEN CALVERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PAC--MC PAC	Transaction ID: 11329 Date of Disbursement 06 / 10 / 2011
	Mailing Address P.O. BOX 10134	Amount of Each Disbursement this Period 1000.00
	City BAKERSFIELD State CA Zip Code 93389	
	Purpose of Disbursement Contribution Candidate Name MAJORITY COMMITTEE PAC--MC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS, INC.	Transaction ID: 11330 Date of Disbursement																			
	Mailing Address PO BOX 3750	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	1	1												
	City BRENTWOOD State TN Zip Code 37024	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lunch 6.13	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name MARSHA MRS. BLACKBURN	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: 11277 Date of Disbursement																			
	Mailing Address P.O. BOX 521048	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	1												
	City SALT LAKE CITY State UT Zip Code 84152	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Breakfast 6.3	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name JAMES D MATHESON	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) MICHIGAN REPUBLICAN PARTY	Transaction ID: 11353 Date of Disbursement																			
	Mailing Address 520 SEYMOUR STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
	City LANSING State MI Zip Code 48933	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reception 6.23	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name MICHIGAN REPUBLICAN PARTY	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NELSON 2012	Transaction ID: 11336 Date of Disbursement
	Mailing Address PO BOX 8666	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City OMAHA State NE Zip Code 68108	Amount of Each Disbursement this Period
	Purpose of Disbursement Lunch 6.16	<input type="text" value="2000.00"/>
	Candidate Name E BENJAMIN NELSON	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: 11350 Date of Disbursement
	Mailing Address 9856 ARCHER LANE	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City DUBLIN State OH Zip Code 43017	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 6.14	<input type="text" value="-1000.00"/>
	Candidate Name ROB PORTMAN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: 11331 Date of Disbursement
	Mailing Address 9856 ARCHER LANE	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City DUBLIN State OH Zip Code 43017	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 6.14	<input type="text" value="1000.00"/>
	Candidate Name ROB PORTMAN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
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) SCHWEIKERT FOR CONGRESS	Transaction ID: 11363
	Mailing Address 8776 E SHEA BLVD, SUITE B3A-626	Date of Disbursement 06 / 23 / 2011
	City SCOTTSDALE State AZ Zip Code 85260	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Lunch 6.23	011 Category/ Type
	Candidate Name DAVID SCHWEIKERT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE INC	Transaction ID: 11334
	Mailing Address P.O. BOX 395	Date of Disbursement 06 / 30 / 2011
	City WRENTHAM State MA Zip Code 02903	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Dinner 6.30	011 Category/ Type
	Candidate Name SCOTT P BROWN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: 11349
	Mailing Address P.O. BOX 37091	Date of Disbursement 06 / 15 / 2011
	City CHARLOTTE State NC Zip Code 28237	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name SUE MYRICK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2012 <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)	35500.00