

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines National Association of Health Underwriters PAC (HUPAC)

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

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 01 31 2007

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 Wade S. Williams

Signature of Treasurer Electronically Filed by Wade S. Williams Date 02 09 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		41981.92
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	41981.92									
(c) Total Receipts (from Line 19)	34947.49	34947.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76929.41	76929.41								
7. Total Disbursements (from Line 31)	12317.82	12317.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64611.59	64611.59								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	9335.00	9335.00
(i) Itemized (use Schedule A)	25600.49	25600.49
(ii) Unitemized	34935.49	34935.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34935.49	34935.49
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)	12.00	12.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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))	34947.49	34947.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34947.49	34947.49

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	817.82	817.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	817.82	817.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	11500.00
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	0.00
(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	0.00
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))..	12317.82	12317.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12317.82	12317.82

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34935.49	34935.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34935.49	34935.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	817.82	817.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	12.00	12.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	805.82	805.82

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
MICHAEL GRAY

Mailing Address 233 South 13th Street
Suite 1500

City Lincoln State NE Zip Code 68508-2017

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

Name of Employer The Harry A. Koch Company Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 1 / 2 0 0 7

Transaction ID: 18345990

Amount of Each Receipt this Period
250.00

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

Mailing Address 11160 Sun Center Drive, Suite A

City Rancho Cordova State CA Zip Code 95670-6121

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18392613

Amount of Each Receipt this Period
200.00

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

Mailing Address 11160 Sun Center Drive, Suite A

City Rancho Cordova State CA Zip Code 95670-6121

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18392614

Amount of Each Receipt this Period
340.00

SUBTOTAL of Receipts This Page (optional)	▶	790.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. MARCIA A. FENDER		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 5801 East 41st Street, Suite 711		Transaction ID: 18392615	
City State Zip Code Tulsa OK 74135		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Rogers Benefit Group		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jim Daubert		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 5651 South 59th Street, Suite B		Transaction ID: 18393394	
City State Zip Code Lincoln NE 68516-2388		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Daubert & Butler Associates Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. GREG J. SEIFERT		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address PO Box 189 916 Main Street		Transaction ID: 18393396	
City State Zip Code Vancouver WA 98666-0189		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Biggs Insurance Services		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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)
Thomas A Polenzani

Mailing Address 3452 East Foothill Blvd. Suite 514

City Pasadena State CA Zip Code 91107-3163

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

Name of Employer Polenzani Benefits & Insurance Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18393401

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3201 Cherry Ridge, # D405

City San Antonio State TX Zip Code 78230-4823

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

Name of Employer Alamo Insurance Group Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18393407

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL E. CARMEAN

Mailing Address PO Box 7367
2300 Whittlesey Rd Suite A

City Columbus State GA Zip Code 31908-7367

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

Name of Employer Paragon Marketing Occupation Vice President, Group Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18393560

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<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)
Carol T Hayes

Mailing Address 736 Johnson Ferry Road
Building C, Suite 200

City Marietta State GA Zip Code 30068-4379

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

Name of Employer Purchasing Alliance Solutions Inc. Occupation VP - Brokerage Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18393564

Amount of Each Receipt this Period
365.00

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

Mailing Address 20700 Civic Center Drive, Suite 25

City Southfield State MI Zip Code 48076-4133

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

Name of Employer Comerica Insurance Services Inc. Occupation VP - Group Benefits Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 7

Transaction ID: 18700853

Amount of Each Receipt this Period
200.00

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

Mailing Address 233 South 13th Street
Suite 1500

City Lincoln State NE Zip Code 68508-2017

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

Name of Employer The Harry A. Koch Company Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18701114

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	665.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<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)
KELLY WILSON

Mailing Address 301 International Cir

City State Zip Code
Cockeysville MD 21030-1334

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

Name of Employer
Kelly & Associates Insurance Group Inc

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18701125

Amount of Each Receipt this Period
500.00

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

Mailing Address 229 North Western Avenue

City State Zip Code
Park Ridge IL 60068-3133

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

Name of Employer
Concorde Consultants Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18701129

Amount of Each Receipt this Period
850.00

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

Mailing Address 4229 Southtowne Dr, Suite 100

City State Zip Code
Eau Claire WI 54701

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

Name of Employer
Johnson Insurance Services

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18701131

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DAREN R. ALLEN		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 14744 Timberbluff Drive		Transaction ID: 18701249
City State Zip Code Chesterfield MO 63017-5574	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		
Name of Employer WellPoint Health Networks	Occupation Director of Agency Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. JAMES Shannon RICKETTS		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 7
Mailing Address 3900 Halisport Drive		Transaction ID: 18701290
City State Zip Code Kennesaw GA 30152	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Purchasing Alliance Solutions Inc.	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. JON C RAUSER		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 18708783
City State Zip Code Milwaukee WI 53202-4499	Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Rauser Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JAMES R STENGER		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 268 South Street		Transaction ID: 18708838
City State Zip Code Morristown NJ 07960-6019	Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NAS Financial Services Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. JAMES Shannon RICKETTS		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 3900 Halisport Drive		Transaction ID: 18708866
City State Zip Code Kennesaw GA 30152	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Purchasing Alliance Solutions Inc. Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) C. JESSE A PATTON		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 1112 Maple Street		Transaction ID: 18708884
City State Zip Code West Des Moines IA 50265	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Associations Marketing Group Inc. CEO/President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 21
	<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)
DAREN R. ALLEN

Mailing Address 14744 Timberbluff Drive

City State Zip Code
Chesterfield MO 63017-5574

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

Name of Employer WellPoint Health Networks Occupation Director of Agency Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 7

Transaction ID: 18708889

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 189
916 Main Street

City State Zip Code
Vancouver WA 98666-0189

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

Name of Employer Biggs Insurance Services Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Transaction ID: 18795786

Amount of Each Receipt this Period
85.00

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

Mailing Address 1634 Ryan Street

City State Zip Code
Lake Charles LA 70601-5949

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 ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18805491

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 21
	<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)
BOB G SHUPE

Mailing Address PO Box 2344

City State Zip Code
Brentwood TN 37024-2344

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

Name of Employer Occupation
ESP Inc Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18805496

Amount of Each Receipt this Period
275.00

B. Full Name (Last, First, Middle Initial)
George W Morris

Mailing Address 272 Penn Avenue

City State Zip Code
Salem OH 44460-3127

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

Name of Employer Occupation
Morris Financial Group Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18805499

Amount of Each Receipt this Period
365.00

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

Mailing Address 30 Lumpkin St, Suite D

City State Zip Code
Lawrenceville GA 30046-1205

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

Name of Employer Occupation
Multiple Benefits Corporation Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18805501

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	890.00
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Judith A Hayes		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 1802 West Crescent Drive		Transaction ID: 18805505	
City State Zip Code Odessa TX 79761-1566	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hayes Insurance Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		

Full Name (Last, First, Middle Initial) B. Larry J Lynn		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 2305 River Road		Transaction ID: 18805512	
City State Zip Code Louisville KY 40206	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Neace Lukens, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. KATRIN EISENBERG		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 229 North Western Avenue		Transaction ID: 18805519	
City State Zip Code Park Ridge IL 60068-3133	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Concorde Consultants Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	880.00
TOTAL This Period (last page this line number only) ▶	

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

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RUSH DAVID DIXON		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 1375 Piccard Drive		Transaction ID: 18805546	
City State Zip Code Rockville MD 20850-4311		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Early Cassidy and Schilling		Occupation VP of Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER HARRISON		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 921-C South McPherson Church Road		Transaction ID: 18805547	
City State Zip Code Fayetteville NC 28303-5368		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ebenconcepts Company		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. MICHAEL EMBRY		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 20700 Civic Center Drive, Suite 25		Transaction ID: 18805555	
City State Zip Code Southfield MI 48076-4133		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Comerica Insurance Services Inc.		Occupation VP - Group Benefits Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional) ▶	455.00
TOTAL This Period (last page this line number only) ▶	9335.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 21

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement
Credit Card Processing FEes

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18806252

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

523.46

Credit Card Processing FE-
es

SUBTOTAL of Disbursements This Page (optional) ►

523.46

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

523.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Upton For All Of Us		Transaction ID: 18404151 Date of Disbursement 01 / 16 / 2007
Mailing Address P.O. Box 490		Amount of Each Disbursement this Period 1500.00
City St. Joseph State MI Zip Code 49085	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Fred Upton	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 6	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Walden For Congress Inc		Transaction ID: 18404149 Date of Disbursement 01 / 16 / 2007
Mailing Address PO Box 1091		Amount of Each Disbursement this Period 1500.00
City Hood River State OR Zip Code 97031	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Greg Walden	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Scott For Congress		Transaction ID: 18404148 Date of Disbursement 01 / 16 / 2007
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30307	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. David A. Scott	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Coleman For Senate 08		Transaction ID: 18404150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 7300 Hudson Blvd Suite 270a		Amount of Each Disbursement this Period 1000.00 Contribution
City St Paul State MN Zip Code 55128		
Purpose of Disbursement Contribution Candidate Name Sen. Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Vern Buchanan For Congress		Transaction ID: 18404078 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address P. O. Box 48928		Amount of Each Disbursement this Period 1000.00 Debt Retirement
City Sarasota State FL Zip Code 34230		
Purpose of Disbursement Debt Retirement Candidate Name Mr. Vernon Buchanan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Pete Sessions For Congress 2006		Transaction ID: 18682432 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 1000.00 Contribution
City Dallas State TX Zip Code 75238		
Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

Full Name (Last, First, Middle Initial) A. Cantor For Congress		Transaction ID: 18682433 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00 Contribution
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Eric I. Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Georgians For Isakson		Transaction ID: 18682431 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address Post Office Box 250116		Amount of Each Disbursement this Period 1000.00 Contribution
City Atlanta State GA Zip Code 30325	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Johnny Isakson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 2	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kevin McCarthy For Congress		Transaction ID: 18682424 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 455 Capitol Mall Suite 801		Amount of Each Disbursement this Period 500.00 Contribution
City Sacramento State CA Zip Code 95814	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Kevin McCarthy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

Full Name (Last, First, Middle Initial) A. Vern Buchanan For Congress		Transaction ID: 18682426 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address P. O. Box 48928		Amount of Each Disbursement this Period 1000.00	
City Sarasota State FL Zip Code 34230	Purpose of Disbursement Debt Retirement	Category/Type 011	
Candidate Name Mr. Vernon Buchanan	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Debt Retirement		
Full Name (Last, First, Middle Initial) B. Sali For Congress		Transaction ID: 18682430 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00	
City Kuna State ID Zip Code 83634	Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Mr. William Sali	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Contribution		

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

11500.00