

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 2000 14TH ST ARLINGTON VA 22201

Check if different than previously reported. (ACC)

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 Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 02 01 2009 through 02 28 2009

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 03 20 2009

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

Table with 10 columns and 1 row, containing 'Office Use Only' in the first column.

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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		91930.12
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	107457.20									
(c) Total Receipts (from Line 19)	35186.09	64137.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	142643.29	156067.19								
7. Total Disbursements (from Line 31)	29785.32	43209.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112857.97	112857.97								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

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	10889.34	16784.34
(i) Itemized (use Schedule A)	24291.34	47341.52
(ii) Unitemized	35180.68	64125.86
(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)	35180.68	64125.86
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.)	5.41	11.21
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))	35186.09	64137.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35186.09	64137.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	1250.32	2174.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1250.32	2174.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28400.00	40900.00
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	135.00	135.00
(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))	135.00	135.00
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))..	29785.32	43209.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29785.32	43209.22

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)	35180.68	64125.86
34. Total Contribution Refunds (from Line 28(d))	135.00	135.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35045.68	63990.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1250.32	2174.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1250.32	2174.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<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) Robert J Bishop		Date of Receipt
	Mailing Address 2785 E Desert Inn Rd Ste 260		<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
	Las Vegas	NV	89121-3693
	FEC ID number of contributing federal political committee. C		Transaction ID: 8417-P15989
Name of Employer KIA Insurance		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 ▼ 268.68	<input type="text"/> 84.34
			Payroll Deduction (\$84.34 Monthly)

B.	Full Name (Last, First, Middle Initial) Jeffrey M Byham		Date of Receipt
	Mailing Address 1098 Park Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Meadville	PA	16335-3104
	FEC ID number of contributing federal political committee. C		Transaction ID: 8362
Name of Employer Byham's Insurance Service- s, 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 ▼ 1000.00	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Russell B. Childers		Date of Receipt
	Mailing Address 402 Rawley Rd		<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
	Americus	GA	31719-2150
	FEC ID number of contributing federal political committee. C		Transaction ID: 8418-P16658
Name of Employer Russ Childers, CLU		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 ▼ 270.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1169.34
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 7 / 27
(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)
 Johnny Lee Dawkins
 Mailing Address PO Box 53809

City State Zip Code
Fayetteville NC 28305-3809

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 Ebenconcepts President

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

Date of Receipt MM / DD / YYYY
02 / 26 / 2009
Transaction ID: 8417-P15960
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Rush David Dixon
 Mailing Address 1375 Piccard Dr

City State Zip Code
Rockville MD 20850-4311

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt MM / DD / YYYY
02 / 26 / 2009
Transaction ID: 8366
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
 Rush David Dixon
 Mailing Address 1375 Piccard Dr

City State Zip Code
Rockville MD 20850-4311

FEC ID number of contributing federal political committee. C

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

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

Date of Receipt MM / DD / YYYY
02 / 26 / 2009
Transaction ID: 8417-P16018
 Amount of Each Receipt this Period 120.00
 Payroll Deduction (\$120.00 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 8 / 27
(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)
Eugene Denny Ebersole

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City Harahan State LA Zip Code 70123-5230

FEC ID number of contributing federal political committee. C

Name of Employer: Ebersole & Associates, Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 26 / 2009
Transaction ID: 8417-P15935

Amount of Each Receipt this Period 170.00

Payroll Deduction
(\$170.00 Monthly)

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

Mailing Address 26240 Wacker Dr

City New Baltimore State MI Zip Code 48051-3306

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 ▼ 270.00

Date of Receipt 02 / 26 / 2009
Transaction ID: 8417-P16287

Amount of Each Receipt this Period 85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 2710 Redding Rd NE

City Atlanta State GA Zip Code 30319-2908

FEC ID number of contributing federal political committee. C

Name of Employer: Essential Benefit Solutions, LLC.
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2009
Transaction ID: 8280

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 505.00

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 9 / 27
(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)
Douglas C. Foreman

Mailing Address 1340 Magnolia Bay Ct

City Maitland State FL Zip Code 32751-6472

FEC ID number of contributing federal political committee. C

Name of Employer Fringe Benefit Plans, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2009

Transaction ID: 8314

Amount of Each Receipt this Period 500.00

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

Mailing Address 3342 Kori Rd

City Jacksonville State FL Zip Code 32257-8883

FEC ID number of contributing federal political committee. C

Name of Employer JP Perry Insurance, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt 02 / 26 / 2009

Transaction ID: 8367

Amount of Each Receipt this Period 465.00

C. Full Name (Last, First, Middle Initial)
Marc A. Grove

Mailing Address 25900 Autumn Way

City Rogers State MN Zip Code 55374-4688

FEC ID number of contributing federal political committee. C

Name of Employer Colonial Supplemental Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 8266

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 1330.00

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 10 / 27
	(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)

A.	Full Name (Last, First, Middle Initial) Robert Hanlon		Date of Receipt
	Mailing Address 15153 Technology Dr Ste B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 6 / 2 0 0 9
	City	State	Zip Code
	Eden Prairie	MN	55344-2221
	FEC ID number of contributing federal political committee. C		Transaction ID: 8365
Name of Employer Corporate Health Systems, 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"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Myrna S. Harris		Date of Receipt
	Mailing Address 3 Lawson Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 6 / 2 0 0 9
	City	State	Zip Code
	Asheville	NC	28806-9687
	FEC ID number of contributing federal political committee. C		Transaction ID: 8308
Name of Employer Crescent Preferred Provider Organizat		Occupation Chief Operating Officer	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"/> 200.00
		<input type="text"/> 230.00	

C.	Full Name (Last, First, Middle Initial) Myrna S. Harris		Date of Receipt
	Mailing Address 3 Lawson Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 6 / 2 0 0 9
	City	State	Zip Code
	Asheville	NC	28806-9687
	FEC ID number of contributing federal political committee. C		Transaction ID: 8417-P16273
Name of Employer Crescent Preferred Provider Organizat		Occupation Chief Operating Officer	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"/> 30.00
		<input type="text"/> 260.00	Payroll Deduction
			(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1230.00
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 11 / 27
(check only one)

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

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

A.

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

Mailing Address 415 Thorncliff Dr

City Fayetteville State NC Zip Code 28303-5221

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

Name of Employer Ebenconcepts Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt 02 / 26 / 2009

Transaction ID: 8417-P16133

Amount of Each Receipt this Period 410.00

Payroll Deduction (\$410.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Carol T Hayes

Mailing Address 2330 Barrett Cottage Pl

City Marietta State GA Zip Code 30066-4993

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 ▼ 1000.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 8263

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Peter G Herkey

Mailing Address 10824 Plainview Ave

City Tujunga State CA Zip Code 91042-1634

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

Name of Employer PGH Insurance Marketing Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 10 / 2009

Transaction ID: 8287

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **1775.00**

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 12 / 27
(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)
Richard L Hill

Mailing Address 4435 O St

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer UNICO Financial Services, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 26 / 2009

Transaction ID: 8418-P16398

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$60.00 Monthly)

B.

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

Mailing Address 1482 Baron Ct

City Stone Mountain State GA Zip Code 30087-3037

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

Name of Employer David S. Johnson Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2009

Transaction ID: 8417-P16278

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

C.

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

Mailing Address 1875 N Highway 385

City Levelland State TX Zip Code 79336-9493

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

Name of Employer George R. Keeling Insurance Agency Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 02 / 19 / 2009

Transaction ID: 8351

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 27
(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)
George R Keeling

Mailing Address 1875 N Highway 385

City State Zip Code
Levelland TX 79336-9493

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

Name of Employer Occupation
George R. Keeling Insurance Agency Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 8418-P16635

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

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

Mailing Address 6601 Glacier Ct

City State Zip Code
Yakima WA 98908-2382

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

Name of Employer Occupation
Conover Insurance, Inc. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 8417-P16108

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Emma S Leigh

Mailing Address 5101 Peachtree Rd

City State Zip Code
Atlanta GA 30341-2715

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

Name of Employer Occupation
Alliant Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: 8282

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **670.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 27
(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)
Doug Luick
 Mailing Address 10901 Red Circle Dr Ste 345
 City Hopkins State MN Zip Code 55343-9302
 Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Transaction ID: 8303
 Amount of Each Receipt this Period 365.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Unison Inc Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

B. Full Name (Last, First, Middle Initial)
Larry J. Lynn
 Mailing Address 8614 Highway 403
 City Charlestown State IN Zip Code 47111-8749
 Date of Receipt MM / DD / YYYY 02 / 04 / 2009
Transaction ID: 8251
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Neace Lukens, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Michael E. Matznick
 Mailing Address 3207 Cottingham Ct
 City Greensboro State NC Zip Code 27410-8362
 Date of Receipt MM / DD / YYYY 02 / 26 / 2009
Transaction ID: 8417-P16249
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)
 Name of Employer EbenConcepts Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 15 / 27
(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)
Dan P McBrayer

Mailing Address 110 E Center St

City State Zip Code
Carrollton GA 30117-3303

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

Name of Employer Occupation
McBrayer Company Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: 8340

Amount of Each Receipt this Period
250.00

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

Mailing Address 80 Business Park Dr

City State Zip Code
Armonk NY 10504-1710

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

Name of Employer Occupation
Michaels Associates agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 8325

Amount of Each Receipt this Period
300.00

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

Mailing Address 736 Amoroso Pl

City State Zip Code
Venice CA 90291-3802

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

Name of Employer Occupation
The Miles Organization, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 8417-P16243

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **720.00**

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 16 / 27
(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)
Wesley P. Moore

Mailing Address PO Box 604

City State Zip Code
Darlington SC 29540-0604

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

Name of Employer Occupation
W P Moore Agency Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 8418-P16428

Amount of Each Receipt this Period
110.00

Payroll Deduction
(\$110.00 Monthly)

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

Mailing Address PO Box 2052

City State Zip Code
Franklin NC 28744-2052

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

Name of Employer Occupation
Wayah Insurance Agency Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: 8258

Amount of Each Receipt this Period
200.00

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

Mailing Address PO Box 2052

City State Zip Code
Franklin NC 28744-2052

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

Name of Employer Occupation
Wayah Insurance Agency Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 8418-P16512

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 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 17 / 27
(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)
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 ▼ 700.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: 8417-P16086
 Amount of Each Receipt this Period: 350.00
 Payroll Deduction: (\$350.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jon C Rauser

Mailing Address 949 Lamplighter Ln

City State Zip Code
Grafton WI 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 ▼ 340.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: 8417-P16092
 Amount of Each Receipt this Period: 170.00
 Payroll Deduction: (\$170.00 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 ▼ 340.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: 8418-P16587
 Amount of Each Receipt this Period: 120.00
 Payroll Deduction: (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **640.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 27
(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 Occupation
Palm Canyon Insurance Agency Agent

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

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 8418-P16604

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 380 Luzelle Dr

City State Zip Code
Winston Salem NC 27103-6470

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

Name of Employer Occupation
The Rainmakers Group, Inc. Agent

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

Date of Receipt
MM / DD / YYYY
02 / 16 / 2009

Transaction ID: 8327

Amount of Each Receipt this Period
100.00

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

Mailing Address 380 Luzelle Dr

City State Zip Code
Winston Salem NC 27103-6470

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

Name of Employer Occupation
The Rainmakers Group, Inc. Agent

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

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 8417-P16181

Amount of Each Receipt this Period
110.00

Payroll Deduction
(\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 295.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 27
(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)
Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City State Zip Code
Silver Spring MD 20901-2348

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

Name of Employer Insurance Benefits & Advisors Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 02 / 12 / 2009

Transaction ID: 8322

Amount of Each Receipt this Period 100.00

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

Mailing Address 10010 Colesville Rd Ste A

City State Zip Code
Silver Spring MD 20901-2348

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

Name of Employer Insurance Benefits & Advisors Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 02 / 26 / 2009

Transaction ID: 8418-P16407

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

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

Mailing Address 169 Hawthorne Dr

City State Zip Code
Kensington CT 06037-4074

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

Name of Employer AmeriBen Alliance, LLC Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 02 / 26 / 2009

Transaction ID: 8417-P16200

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **355.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 27
(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 77 Ridgeview Ln
City Mount Arlington State NJ Zip Code 07856-2321
FEC ID number of contributing federal political committee. **C**
Name of Employer NAS Financial Services Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 02 / 09 / 2009
Transaction ID: 8270
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
James R Stenger
Mailing Address 77 Ridgeview Ln
City Mount Arlington State NJ Zip Code 07856-2321
FEC ID number of contributing federal political committee. **C**
Name of Employer NAS Financial Services Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00
Date of Receipt 02 / 26 / 2009
Transaction ID: 8417-P16191
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

C. 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 ▼ 250.00
Date of Receipt 02 / 26 / 2009
Transaction ID: 8418-P16567
Amount of Each Receipt this Period 125.00
Payroll Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 395.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 27
	<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) Rand R. Wall		Date of Receipt
	Mailing Address 1004 Sugardale Ct		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sugar Land	TX	77478-2760
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lone Star Health Plans, Ltd.		Occupation Agent	Transaction ID: 8418-P16558
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="100.00"/>
			Payroll Deduction (\$100.00 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" value="10889.34"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 8422 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement cc fee	<input type="text" value="145.31"/>
	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) Merchant Services	Transaction ID: 8423 Date of Disbursement
	Mailing Address 7300 Chapman Way	<input type="text" value="02"/> <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement cc fee	<input type="text" value="940.90"/>
	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: 8424 Date of Disbursement
	Mailing Address 6286 N College	<input type="text" value="02"/> <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Indianapolis State IN Zip Code 46220	Amount of Each Disbursement this Period
	Purpose of Disbursement acct fee	<input type="text" value="164.11"/>
	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="1250.32"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1250.32"/>

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 23 / 27

<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

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address PO BOX 3197</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement Breakfast 2.26</p> <p>Candidate Name BLANCHE LAMBERT LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8359</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF JACK KINGSTON</p> <p>Mailing Address PO Box 2133</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement GA Lunch 2.23</p> <p>Candidate Name JOHN HEDDENS KINGSTON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8305</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement Lunch 2.11</p> <p>Candidate Name JOHN J BARROW</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8277</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: 8252 Date of Disbursement 02 / 04 / 2009
	Mailing Address PO Box 50100	Amount of Each Disbursement this Period 1500.00
	City Springfield State MO Zip Code 65805	
	Purpose of Disbursement Dinner 2.4	011 Category/ Type
	Candidate Name ROY BLUNT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: 8275 Date of Disbursement 02 / 10 / 2009
	Mailing Address POST OFFICE BOX 250116	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30325	
	Purpose of Disbursement Dinner 2.10	011 Category/ Type
	Candidate Name JOHN HARDY ISAKSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KING FOR CONGRESS	Transaction ID: 8278 Date of Disbursement 02 / 28 / 2009
	Mailing Address 532 First Ave Suite 312	Amount of Each Disbursement this Period 2400.00
	City Council Bluffs State IA Zip Code 51458	
	Purpose of Disbursement Kickoff 2.28 (IA)	011 Category/ Type
	Candidate Name STEVE MR. KING	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4900.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS	Transaction ID: 8247
	Mailing Address P.O. Box 540098	Date of Disbursement MM / DD / YYYY 02 / 02 / 2009
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Event 2.3	011 Category/ Type
	Candidate Name LEE TERRY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS	Transaction ID: 8356
	Mailing Address PO BOX 902	Date of Disbursement MM / DD / YYYY 02 / 24 / 2009
	City GAINESVILLE State GA Zip Code 30503	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Dinner 2.24	011 Category/ Type
	Candidate Name NATHAN DEAL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: 8306
	Mailing Address 425 SECOND STREET NE	Date of Disbursement MM / DD / YYYY 02 / 13 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE	
	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)	▶	17500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: 8276 Date of Disbursement
	Mailing Address PO BOX 3176	<input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast 2.11	<input type="text" value="1000.00"/>
	Candidate Name FRANK JR. PALLONE	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS	Transaction ID: 8357 Date of Disbursement
	Mailing Address 911 CENTRAL AVENUE	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City ALBANY State NY Zip Code 12206	Amount of Each Disbursement this Period
	Purpose of Disbursement Lunch 2.25	<input type="text" value="1000.00"/>
	Candidate Name PAUL DAVID TONKO	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS	Transaction ID: 8358 Date of Disbursement
	Mailing Address P.O. BOX 5130	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City EVANSTON State IL Zip Code 60204	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast 2.24	<input type="text" value="1000.00"/>
	Candidate Name JANICE D SCHAKOWSKY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="28400.00"/>

**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 27 / 27

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

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

A.

Full Name (Last, First, Middle Initial)

Linda E. Krueger

Mailing Address 5753 Housman Ave

City Pueblo State CO Zip Code 81004

Purpose of Disbursement
contribution refunded

010
Category/
Type

Candidate Name
Linda E. Krueger

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 8435

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Sue A. Wilson

Mailing Address 5705 NW 109th St

City Oklahoma City State OK Zip Code 73162

Purpose of Disbursement
contribution refunded

010
Category/
Type

Candidate Name
Sue A. Wilson

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 8274

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) ▶

135.00

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

135.00