

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2000 14TH ST  
 Check if different than previously reported. (ACC)  
ARLINGTON VA 22201

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

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

5. Covering Period 06 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jennifer Murphy  
Signature of Treasurer Electronically Filed by Jennifer Murphy Date 07 17 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		51869.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	47193.77									
(c) Total Receipts (from Line 19) .....	1996.67	149398.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	49190.44	201268.12								
7. Total Disbursements (from Line 31) .....	13402.29	165479.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35788.15	35788.15								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	535.00	69348.02
(i) Itemized (use Schedule A) .....	1450.00	77983.61
(ii) Unitemized .....	1985.00	147331.63
(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) .....	1985.00	147331.63
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	11.67	67.30
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)) .....	1996.67	149398.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1996.67	149398.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	545.29	4402.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	545.29	4402.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	156000.00
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 .....	150.00	1970.00
(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)) .....	150.00	1970.00
29. Other Disbursements.....	1707.00	3107.00
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))..	13402.29	165479.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13402.29	165479.97

**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 .....	1985.00	147331.63
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	1970.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1835.00	145361.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	545.29	4402.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	545.29	4402.97

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bruce D. Benton

Mailing Address 20161 Delita Dr

City State Zip Code  
Woodland Hills CA 91364-3521

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

Name of Employer Genesis SmithBenton Insurance & Finan  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2008

**Transaction ID:** 7546

Amount of Each Receipt this Period  
-85.00

**B.**

Full Name (Last, First, Middle Initial)  
Rush David Dixon

Mailing Address 1330 Parkside Dr

City State Zip Code  
Berkeley Springs WV 25411-6386

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2008

**Transaction ID:** 7552

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Kate Ludwigson

Mailing Address 18740 125th St

City State Zip Code  
Bloomer WI 54724-4724

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

Name of Employer Area Financial Services Inc.  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2008

**Transaction ID:** 7517

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.00**

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Kenneth L. Schmidt		Date of Receipt MM / DD / YYYY 06 / 06 / 2008
Mailing Address 1332 Hunters Hollow Ct		<b>Transaction ID:</b> 7469
City Eureka	State MO	Zip Code 63025-1051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mengel, Surdyke, Murphy and Finke	Occupation Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**B.**

Full Name (Last, First, Middle Initial) Kenneth L. Schmidt		Date of Receipt MM / DD / YYYY 06 / 19 / 2008
Mailing Address 1332 Hunters Hollow Ct		<b>Transaction ID:</b> 7532
City Eureka	State MO	Zip Code 63025-1051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mengel, Surdyke, Murphy and Finke	Occupation Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	535.00

# 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)

<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: 7671 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement CC fees	<input type="text" value="102.53"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 7672 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement cc fee	<input type="text" value="4.50"/>
	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) Bank of America	Transaction ID: 7681 Date of Disbursement
	Mailing Address 7810 Old Branch Avenue	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fee	<input type="text" value="58.10"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="165.13"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement  
bank fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 7680  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

16.14

B.

Full Name (Last, First, Middle Initial)  
Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement  
CC Processing fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 7673  
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

364.02

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

380.16

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

545.29

**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) BARRETT FOR CONGRESS	Transaction ID: 7537 Date of Disbursement 06 / 23 / 2008
	Mailing Address P.O. Box 869	Amount of Each Disbursement this Period 1000.00
	City Westminster State SC Zip Code 29693	
	Purpose of Disbursement Shag n' Eat 6/23 Candidate Name GRESHAM BARRETT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN	Transaction ID: 7489 Date of Disbursement 06 / 09 / 2008
	Mailing Address PO Box 12612	Amount of Each Disbursement this Period 1000.00
	City San Antonio State TX Zip Code 78212	
	Purpose of Disbursement breakfast fundraiser 6/10/08 Candidate Name CHARLES A GONZALEZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DAVID CAPIELLO FOR CONGRESS	Transaction ID: 7461 Date of Disbursement 06 / 03 / 2008
	Mailing Address PO BOX 3198	Amount of Each Disbursement this Period 1000.00
	City DANBURY State CT Zip Code 06813	
	Purpose of Disbursement lunch 6/5/08 Candidate Name DAVID JOHN CAPIELLO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)  
DARREN WHITE FOR CONGRESS

Mailing Address PO BOX 16601

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement  
Lunch 6/25

Candidate Name  
DARREN P WHITE

Office Sought:  House  
 Senate  
 President

State: NM District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7539

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Lunch 6/26/08

Candidate Name  
PHILLIP J. GINGREY

Office Sought:  House  
 Senate  
 President

State: GA District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7540

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
GOODE FOR CONGRESS

Mailing Address 235 South Main Street

City Rocky Mount State VA Zip Code 24151

Purpose of Disbursement  
Lunch June 10, 2008

Candidate Name  
VIRGIL H. JR. GOODE

Office Sought:  House  
 Senate  
 President

State: VA District: 05

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7516

Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS</p> <p>Mailing Address PO BOX 2619</p> <p>City HUNTSVILLE State AL Zip Code 35804</p> <p>Purpose of Disbursement Dinner 6.25</p> <p>Candidate Name R PARKER GRIFFITH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7555 <b>Date of Disbursement</b> 06 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Breakfast 6/25</p> <p>Candidate Name STEPHANIE HERSETH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7538 <b>Date of Disbursement</b> 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS</p> <p>Mailing Address 81 S FIFTH STREET</p> <p>City COLUMBUS State OH Zip Code 43215</p> <p>Purpose of Disbursement dinner event 6/9/08</p> <p>Candidate Name STEVE STIVERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7491 <b>Date of Disbursement</b> 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

<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)  
TREADWELL FOR CONGRESS

Mailing Address PO BOX 685

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement  
lunch fundraiser 6/12/08

Candidate Name  
SANDY TREADWELL

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7490

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
Lunch 6.24

Candidate Name  
ED WHITFIELD

Office Sought:  House  
 Senate  
 President  
State: KY District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7549

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

11000.00

**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)

<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)

Kate Ludwigson

Mailing Address 18740 125th St

City Bloomer State WI Zip Code 54724

Purpose of Disbursement contribution refunded

Candidate Name Kate Ludwigson

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 7543

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

120.00

010  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)

Tina Durand

Mailing Address 3105 Lawnview St

City Corpus Christi State TX Zip Code 78404

Purpose of Disbursement contribution refunded

Candidate Name Tina Durand

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 7466

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

30.00

010  
Category/  
Type

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

150.00

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

150.00

**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 15 / 15

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

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

A.

Full Name (Last, First, Middle Initial)  
Jesse Patton, HIA, LUTCF, MHP, FAHM

Mailing Address 1112 Maple Street

City State Zip Code  
West Des Moines IA 50265

Purpose of Disbursement  
travel

001  
 002  
Category/  
Type

Candidate Name  
Jesse Patton, HIA, LUTCF, MHP, FAHM

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

State: District:

Transaction ID: 7488

Date of Disbursement

/  /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
Nicholas S. Massei Jr.

Mailing Address 832 Humewick Way

City State Zip Code  
Sunnyvale CA 94087

Purpose of Disbursement  
Reimbursement

001  
 002  
Category/  
Type

Candidate Name  
Nicholas S. Massei Jr.

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

State: District:

Transaction ID: 7463

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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