

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 (12S)
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 08 01 2010 through 08 31 2010

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 09 20 2010

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

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		188966.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	219233.93									
(c) Total Receipts (from Line 19)	30348.59	352102.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	249582.52	541068.90								
7. Total Disbursements (from Line 31)	30365.85	321852.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	219216.67	219216.67								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23126.54	205805.72
(ii) Unitemized	7220.50	146278.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30347.04	352084.24
(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)	30347.04	352084.24
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.)	1.55	18.02
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))	30348.59	352102.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30348.59	352102.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	2155.85	13687.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2155.85	13687.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	294800.00
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	2305.00
(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	2305.00
29. Other Disbursements.....	5060.00	11060.00
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))..	30365.85	321852.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30365.85	321852.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	30347.04	352084.24
34. Total Contribution Refunds (from Line 28(d))	150.00	2305.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30197.04	349779.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2155.85	13687.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2155.85	13687.23

**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 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jeff Ahrendsen	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 3830 Wakefield Dr	Transaction ID: 10300-P37043
	City State Zip Code Colorado Springs CO 80906-4393	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Credit Card
	Name of Employer Benefit Resources, Inc. Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	(\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Karl W. Albrecht	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 24600 Northwestern Hwy	Transaction ID: 10244
	City State Zip Code Southfield MI 48075-2471	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Action Benefits Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Terry Allard	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 11619 Brook Hill Ct	Transaction ID: 10298-P36781
	City State Zip Code Anchorage AK 99516-1970	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Credit Card
	Name of Employer The Wilson Agency, LLC Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 / 117
(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)
Daniel Alm

Mailing Address 5071 S 175th St

City State Zip Code
Omaha NE 68135-3457

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

Name of Employer: BlueCross BlueShield of Nebraska
Occupation: agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10301-P37457
Amount of Each Receipt this Period: 30.00
Bank Autodraft
(\$30.00 Monthly)

B.

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

Mailing Address 4423 Point Fosdick Dr NW Ste 306

City State Zip Code
Gig Harbor WA 98335-1794

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

Name of Employer: Berg Andonian
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
985.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P36873
Amount of Each Receipt this Period: 150.00
Credit Card
(\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
April P. Ashburn

Mailing Address 7390 Sugar Camp Hollow Rd

City State Zip Code
Fairview TN 37062-8139

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

Name of Employer: Cowan Benefit Services
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 08 / 12 / 2010
Transaction ID: 10231
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ **330.00**

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 8 / 117
	<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) Elizabeth Ashmore		Date of Receipt
	Mailing Address 6102 82nd St Ste 6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 23 / 2010
	City	State	Zip Code
	Lubbock	TX	79424-0803
	FEC ID number of contributing federal political committee. C		Transaction ID: 10301-P37175
Name of Employer Ashmore & Associates Insurance Agency		Occupation agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1450.00	<input type="text"/> 100.00
			Bank Autodraft (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Virginia T. Ashton-Vernon		Date of Receipt
	Mailing Address 3702 Alton Rd SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 23 / 2010
	City	State	Zip Code
	Roanoke	VA	24014-3004
	FEC ID number of contributing federal political committee. C		Transaction ID: 10301-P37252
Name of Employer Lewis-Gale Medical Center		Occupation Director of Provider Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	<input type="text"/> 40.00
			Bank Autodraft (\$40.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Kimberly L. Auclair		Date of Receipt
	Mailing Address 6873 Raccoon Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 23 / 2010
	City	State	Zip Code
	Viera	FL	32940-6869
	FEC ID number of contributing federal political committee. C		Transaction ID: 10300-P36928
Name of Employer Pineapple Financial Services, LLC		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 ▼ 1060.00	<input type="text"/> 30.00
			Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 170.00
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 9 / 117

(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) Rick D. Bailey		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 117 Royal Oaks Dr		Transaction ID: 10300-P36969		
	City Canton	State GA	Zip Code 30115-6587	Amount of Each Receipt this Period 110.00	
	FEC ID number of contributing federal political committee. C		Credit Card		
	Name of Employer Rick Bailey & Company, Inc.	Occupation agent	Aggregate Year-to-Date 220.00		

(\$110.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Kimberly L Ball		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 711 E Ashlan Ave		Transaction ID: 10300-P36995		
	City Fresno	State CA	Zip Code 93704-3705	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Credit Card		
	Name of Employer Blue Shield of California	Occupation Agent	Aggregate Year-to-Date 400.00		

(\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Donald L. Balla		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 371 Steeplechase Dr		Transaction ID: 10300-P37081		
	City Cranberry Twp	State PA	Zip Code 16066-2239	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Credit Card		
	Name of Employer Simpson & McCrady LLC	Occupation Agent	Aggregate Year-to-Date 210.00		

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

190.00

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 / 117
(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)
Diane L. Barton

Mailing Address 2732 Kerry Ln

City State Zip Code
Oklahoma City OK 73120-2810

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

Name of Employer Blue Cross Blue Shield of OK
Occupation Account Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37144

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Kathryn A. Beals

Mailing Address 5151 W River Rd

City State Zip Code
Wauwaukee WI 53597-9523

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

Name of Employer Dean Health Plan
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1055.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37435

Amount of Each Receipt this Period
85.00

Bank Autodraft
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Edward A. Becker

Mailing Address PO Box 5619

City State Zip Code
Saginaw MI 48603-0619

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

Name of Employer E A Becker & Associates, Inc.
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10395

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 117
(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)
Eric C. Beittel

Mailing Address 578 Lester Ct

City Harrisburg State PA Zip Code 17112-2279

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

Name of Employer Enders Insurance Associates Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10300-P37101

Amount of Each Receipt this Period 30.00

Credit Card (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ann C. Bell

Mailing Address 2171 S Pebblecreek Ln

City Boise State ID Zip Code 83706-6123

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

Name of Employer self Occupation agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37132

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

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

Mailing Address 20161 Delita Dr

City Woodland Hills State CA Zip Code 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 ▼ 1315.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37297

Amount of Each Receipt this Period 170.00

Bank Autodraft (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8805 Sawleaf Rd

City Indianapolis State IN Zip Code 46260-1534

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37436

Amount of Each Receipt this Period 85.00

Bank Autodraft (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
C. Sue Bisbee

Mailing Address 4211 Parsifal St NE

City Albuquerque State NM Zip Code 87111-3374

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

Name of Employer Infinisource, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37452

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

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

Mailing Address 2785 E Desert Inn Rd Ste 260

City Las Vegas State NV Zip Code 89121-3693

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

Name of Employer KIA Insurance Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10300-P36872

Amount of Each Receipt this Period 100.00

Credit Card (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 215.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 117
(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)
Bradford H. Blain

Mailing Address 2205 Abbeywood Rd

City Lexington State KY Zip Code 40515-1157

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

Name of Employer Al Torstrick Insurance Agency, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2010

Transaction ID: 10298-P36777

Amount of Each Receipt this Period 30.00

Credit Card (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Russ Blakely

Mailing Address PO Box 11310

City Chattanooga State TN Zip Code 37401-2310

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

Name of Employer Russ Blakely & Associates Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10300-P36842

Amount of Each Receipt this Period 30.00

Credit Card (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Chad V. Blankenburg

Mailing Address 5950 Fairview Rd Ste 618

City Charlotte State NC Zip Code 28210-3113

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

Name of Employer The Cason Group, Inc. Occupation agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37162

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 / 117

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

David M. Block

Mailing Address 80 Challedon Dr

City State Zip Code
Candler NC 28715-9417

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

Name of Employer Occupation
Insurance Specialties, In- President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37298

Amount of Each Receipt this Period

50.00

Bank Autodraft

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michele B. Bloom

Mailing Address 2213A Walnut St

City State Zip Code
Harrisburg PA 17103-2427

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

Name of Employer Occupation
Emerson, Reid & Co Plan Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 243.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37437

Amount of Each Receipt this Period

30.42

Bank Autodraft

(\$30.42 Monthly)

C.

Full Name (Last, First, Middle Initial)

James C. Bosier

Mailing Address 6410 N Butler Rd

City State Zip Code
Cedar Falls IA 50613-9317

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

Name of Employer Occupation
The Accel Group Ins Design and Sales

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36973

Amount of Each Receipt this Period

85.00

Credit Card

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

165.42

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 / 117
(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)
Adam Brackemyre
Mailing Address 2000 14th St N
City Arlington State VA Zip Code 22201-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer NAHU Occupation Staff Associate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37307
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Sydney K. Briley
Mailing Address 605 E Van Buren St
City Broken Arrow State OK Zip Code 74011-7261
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Benefit Solutions, Inc. Occupation Benefits Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36971
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Eleanor M. Brockhurst
Mailing Address 5812 N 12th St Unit 4
City Phoenix State AZ Zip Code 85014-2020
FEC ID number of contributing federal political committee. **C**
Name of Employer Brockhurst & Associates, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36972
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
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 / 117
(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)
Gregory D. Brogan

Mailing Address 5546 Park Lake Rd

City East Lansing State MI Zip Code 48823-3867

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

Name of Employer Brogan, Reed, VanGorder Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10272

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Belinda M Brooks

Mailing Address 323 Krotzer Ave

City Luckey State OH Zip Code 43443-9758

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

Name of Employer Consumer Driven Concepts, L.L.C. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37300

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jude Broussard

Mailing Address 31 Oakthorn Ct

City Youngsville State LA Zip Code 70592-5464

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

Name of Employer Breaux & Broussard, LLC Occupation Managing Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10300-P37083

Amount of Each Receipt this Period 30.00

Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1060.00

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 / 117
(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)
Ronald S. Buffum

Mailing Address 3016 Rock Rose PI

City State Zip Code
Round Rock TX 78665-3821

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

Name of Employer Occupation
The Buffum Group Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37301

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Scott T. Buie

Mailing Address 2819 E 4215 S

City State Zip Code
Salt Lake City UT 84124-2900

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

Name of Employer Occupation
Buie Insurance Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37440

Amount of Each Receipt this Period
50.00

Bank Autodraft
(\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City State Zip Code
Anchorage AK 99503-4040

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

Name of Employer Occupation
The Wilson Agency, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37210

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 117
(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)
Patrick Burns

Mailing Address 5653 Maxwellton Rd

City State Zip Code
Oakland CA 94618-2654

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

Name of Employer
Burns Employee Benefits Insurance Ser

Occupation
Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
805.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P37090

Amount of Each Receipt this Period
85.00

Credit Card
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City State Zip Code
Pontiac MI 48340-1367

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

Name of Employer
Great Lakes Benefit Group

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
805.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37425

Amount of Each Receipt this Period
85.00

Bank Autodraft
(\$85.00 Monthly)

C.

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

Mailing Address 71 Quail Dr S

City State Zip Code
Phoenixville PA 19460-1075

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

Name of Employer
Radnor Benefits Group, In-c.

Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P36974

Amount of Each Receipt this Period
85.00

Credit Card
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **255.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 117

(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)
Louie L. Cason

Mailing Address 2920 Gervais St

City State Zip Code
Columbia SC 29204-3345

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

Name of Employer Occupation
The Cason Group, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P36917

Amount of Each Receipt this Period
85.00

Credit Card
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Lorelei G. Castellani

Mailing Address PO Box 2100

City State Zip Code
Branchville NJ 07826-2100

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

Name of Employer Occupation
Benefit Guidance Systems Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P37093

Amount of Each Receipt this Period
25.00

Credit Card
(\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Alison M. Challacombe

Mailing Address 20575 Woodside Ct

City State Zip Code
Bend OR 97702-9528

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

Name of Employer Occupation
LifeWise Health Plan of Oregon Marketing Coordinator Large Gr

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P36975

Amount of Each Receipt this Period
30.00

Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

140.00

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 / 117
(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)
Russell B. Childers

Mailing Address 402 Rawley Rd

City State Zip Code
Americus GA 31719-2150

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

Name of Employer Russ Childers, CLU Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1305.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37426
Amount of Each Receipt this Period 85.00
Bank Autodraft (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jonathan S. Clark

Mailing Address 545 E 4500 S Ste E250

City State Zip Code
Salt Lake City UT 84107-2955

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

Name of Employer Western Benefit Planners Insurance Se Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36721
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard P. Coburn

Mailing Address 19 Minor Ct

City State Zip Code
San Rafael CA 94903-3716

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

Name of Employer The Word and Brown Companies Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36758
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 117
(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)
Dorothy M. Cociu

Mailing Address PO Box 1941

City State Zip Code
Big Bear Lake CA 92315-1941

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

Name of Employer Occupation
Advanced Benefit Consulting & Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 10298-P36737

Amount of Each Receipt this Period
85.00

Credit Card
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Elaine C. Coffman

Mailing Address 3331 W Big Beaver Rd Ste 200

City State Zip Code
Troy MI 48084-2814

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

Name of Employer Occupation
McGraw-Wentworth Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10278

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Maggie Coley

Mailing Address 5859 Abercorn St

City State Zip Code
Savannah GA 31405-5500

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

Name of Employer Occupation
Coastal Benefit Solutions, Inc. Agent

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37136

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **465.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 117
(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)
George Scott Condos
Mailing Address 8860 S Tenaya Way
City Las Vegas State NV Zip Code 89113-5502
FEC ID number of contributing federal political committee. **C**
Name of Employer Leavitt Insurance Agency Occupation Charter Senior Financial Plann
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37304
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Teresa Conto
Mailing Address 145 Polaris Dr
City Walkersville State MD Zip Code 21793-9123
FEC ID number of contributing federal political committee. **C**
Name of Employer Independent Benefit Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37149
Amount of Each Receipt this Period 85.00
Bank Autodraft
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Troy J. Cook
Mailing Address 6600 Westown Pkwy # 250
City West Des Moines State IA Zip Code 50266-7724
FEC ID number of contributing federal political committee. **C**
Name of Employer Krist Insurance Services Occupation AGENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37128
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 117

(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)

Bob Copeland

Mailing Address 700 Larkspur Landing Circle, Suite

City State Zip Code
Larkspur CA 94939

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

Name of Employer Occupation
Copeland Insurance Services Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1190.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 02 / 2010

Transaction ID: 10298-P36756

Amount of Each Receipt this Period

170.00

Credit Card

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Steven G. Cosby

Mailing Address 27 W Boscawen St

City State Zip Code
Winchester VA 22601-4740

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

Name of Employer Occupation
Cosby Insurance Group Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2010

Transaction ID: 10300-P36847

Amount of Each Receipt this Period

85.00

Credit Card

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carrie Cox

Mailing Address 3621 Eastman Dr

City State Zip Code
Oklahoma City OK 73112-1439

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

Name of Employer Occupation
Oden Roberts Rohrman Insurance Group Benefits Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2010

Transaction ID: 10301-P37453

Amount of Each Receipt this Period

30.00

Bank Autodraft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 117
(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)
Neil R Crosby
Mailing Address 1561 Berkshire Ct
City San Marcos State CA Zip Code 92069-1182
FEC ID number of contributing federal political committee. **C**
Name of Employer Warner Pacific Insurance Services Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36905
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jennifer Davault
Mailing Address 1001 E Southeast Loop 323 Ste 350
City Tyler State TX Zip Code 75701-9056
FEC ID number of contributing federal political committee. **C**
Name of Employer FD&S Insurance Agency Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37202
Amount of Each Receipt this Period 10.00
Bank Autodraft
(\$10.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Sandra H. Davis
Mailing Address PO Box 243
City Watson State LA Zip Code 70786-0243
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Office Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37415
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 117
	<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) Nathan Dee	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 11468 Parkersburg Ave	Transaction ID: 10386
	City State Zip Code Las Vegas NV 89138-6090	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Business Benefits, Inc. Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.00	

B.	Full Name (Last, First, Middle Initial) Scott A Delisi	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 920 Starview Ln	Transaction ID: 10301-P37284
	City State Zip Code Lincoln NE 68512-1150	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Bank Autodraft
	Name of Employer Ameritas Life Insurance Group Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	(\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Stephanie Denz	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 1808 Hickory Trace Dr	Transaction ID: 10301-P37285
	City State Zip Code Orange Park FL 32003-8387	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Bank Autodraft
	Name of Employer Gallagher Benefit Services, Inc. Occupation Senior Benefit Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	91.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 117
(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)
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 Early Cassidy and Schilling
Occupation VP of Employee Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

Date of Receipt / /
Transaction ID: 10300-P36900

Amount of Each Receipt this Period 170.00

Credit Card
(\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Theresa M. Dodds

Mailing Address 4748 Winged Foot Way

City State Zip Code
Columbus GA 31909-8009

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

Name of Employer Dodds & Comany
Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt / /
Transaction ID: 10301-P37443

Amount of Each Receipt this Period 30.00

Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Cynthia H. Doucet

Mailing Address 206 Bon Mange Cir

City State Zip Code
Lafayette LA 70506-3748

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

Name of Employer Global Financial Resources, Inc.
Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt / /
Transaction ID: 10301-P37286

Amount of Each Receipt this Period 30.00

Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ►

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

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

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

FOR LINE NUMBER: PAGE 27 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Joseph F. Dowd
Mailing Address 106 S Princeton Ave
City State Zip Code
Wenonah NJ 08090-1937
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Kistler-Tiffany Benefits Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37046
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Betty R. Doyle
Mailing Address 3304 Cedar Valley Rd
City State Zip Code
Moore OK 73170-7929
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Doyle Insurance Source Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37406
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dana Drake
Mailing Address 706 N 19th St
City State Zip Code
Coeur D Alene ID 83814-5549
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Schedler Mack Insurance, Inc. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37407
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 28 / 117
(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)
Tonya D. Draughon
Mailing Address 19252 SW 3rd Ct
City State Zip Code
Pembroke Pines FL 33029-5416
FEC ID number of contributing federal political committee. **C**
Name of Employer Renaissance Family of Companies
Occupation Market Development Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36735
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Keith M. Duhon
Mailing Address 208 Essex St
City State Zip Code
Lafayette LA 70506-6133
FEC ID number of contributing federal political committee. **C**
Name of Employer The Family Insurance Center, Inc.
Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37418
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Tina Durand
Mailing Address 3105 Lawnview St
City State Zip Code
Corpus Christi TX 78404-2426
FEC ID number of contributing federal political committee. **C**
Name of Employer Heavin & Associates Insurance
Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37427
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 29 / 117
(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)
Eugene 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 ▼ 1190.00

Date of Receipt: 08 / 02 / 2010
Transaction ID: 10298-P36720
Amount of Each Receipt this Period: 170.00
Credit Card
(\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City Aurora State OH Zip Code 44202-8438

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

Name of Employer: L.M. Erlenbach, Inc. Occupation: Benefits Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10301-P37420
Amount of Each Receipt this Period: 85.00
Bank Autodraft
(\$85.00 Monthly)

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

Mailing Address 6958 W Juniper Ave

City Peoria State AZ Zip Code 85382-3999

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P36960
Amount of Each Receipt this Period: 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 285.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 117
(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)
Jeanne A Filchock

Mailing Address 10471 Prouty Rd

City Painesville State OH Zip Code 44077-2204

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

Name of Employer Comprehensive Benefit Solutions, LLC Occupation Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10300-P37051

Amount of Each Receipt this Period 30.00

Credit Card (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Sam Fiorentino

Mailing Address 125 Chatham Dr

City Aurora State OH Zip Code 44202-7809

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

Name of Employer Self Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10300-P37052

Amount of Each Receipt this Period 30.00

Credit Card (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Jeffrey A. Flessner

Mailing Address 8833 Tamarac Way

City Bloomington State IL Zip Code 61705-5546

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

Name of Employer Benefit Planning Associates, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10300-P37077

Amount of Each Receipt this Period 30.00

Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 117
(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)
Brenda N. Franklin
Mailing Address 7915 N Hale Ave Ste D
City Peoria State IL Zip Code 61615-2088
FEC ID number of contributing federal political committee. **C**
Name of Employer OSF HealthPlans Occupation Group Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37207
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Patricia Freeman
Mailing Address 15206 John West Rd
City Gonzales State LA Zip Code 70737-7131
FEC ID number of contributing federal political committee. **C**
Name of Employer Trish Freeman Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36836
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Linda K. Friedrich
Mailing Address 3011 Crown Pointe Rd
City Lincoln State NE Zip Code 68506-5168
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 ▼ 400.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37416
Amount of Each Receipt this Period 50.00
Bank Autodraft
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 117
(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)
Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City State Zip Code
Wichita Falls TX 76301-3317

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

Name of Employer Financial Partners Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37133

Amount of Each Receipt this Period 30.00

Bank Autodraft
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Joan A. Fusco

Mailing Address 595 Wood Ave

City State Zip Code
North Brunswick NJ 08902-2543

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

Name of Employer Savoy Associates Occupation Director, Research & Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37431

Amount of Each Receipt this Period 30.00

Bank Autodraft
(\$30.00 Monthly)

C.

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

Mailing Address 26 Briarwood Ln

City State Zip Code
New Hartford NY 13413-2451

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

Name of Employer Northwestern Mutual Financial Network Occupation Financial Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37432

Amount of Each Receipt this Period 75.00

Bank Autodraft
(\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 117
(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)
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 ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36855
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James S. Garbina
Mailing Address 16510 Summit Dr
City Omaha State NE Zip Code 68136-4038
FEC ID number of contributing federal political committee. **C**
Name of Employer Harry A. Koch Co. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37446
Amount of Each Receipt this Period 85.00
Bank Autodraft
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Joy K. Gardner
Mailing Address 10605 Sterling Ridge Way
City Reno State NV Zip Code 89521-5199
FEC ID number of contributing federal political committee. **C**
Name of Employer Comstock Insurance Agencies, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37447
Amount of Each Receipt this Period 40.00
Bank Autodraft
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 34 / 117
(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)
G. Russell Garner

Mailing Address 1308 Murraywood Dr

City State Zip Code
Columbia SC 29212-1159

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

Name of Employer Self Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P36961
Amount of Each Receipt this Period: 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Julie Reno George

Mailing Address 1691 Westbrook Plaza Dr

City State Zip Code
Winston Salem NC 27103-2993

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

Name of Employer JBA Benefits, LLC Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P36860
Amount of Each Receipt this Period: 35.00
Credit Card
(\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles J. Giardina

Mailing Address 41 Seven Oaks Rd

City State Zip Code
Marrero LA 70072-5059

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

Name of Employer MetLife Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10301-P37410
Amount of Each Receipt this Period: 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 117
(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)
James David Gibson

Mailing Address 93 Hollenbeck Rd

City State Zip Code
Irmo SC 29063-8076

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

Name of Employer Occupation
Gibson & Associates, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 595.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36867

Amount of Each Receipt this Period
85.00

Credit Card
(\$85.00 Monthly)

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

Mailing Address 308 Beulah Ln

City State Zip Code
Irmo SC 29063-9573

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

Name of Employer Occupation
Gibson & Associates Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P37054

Amount of Each Receipt this Period
85.00

Credit Card
(\$85.00 Monthly)

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

Mailing Address 400 Sims Ln

City State Zip Code
Franklin TN 37069-1890

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

Name of Employer Occupation
Cowan Benefit Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 515.00

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

Transaction ID: 10385

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► 255.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3815 W. Beverly

City State Zip Code
Dallas TX 75251

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

Name of Employer Occupation
DSG Benefits Group LLC President, Insurance Agency

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: 10285

Amount of Each Receipt this Period
1000.00

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

Mailing Address 442 Teaneck Rd

City State Zip Code
Ridgefield Park NJ 07660-1516

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

Name of Employer Occupation
The Employee Benefits Advisors Group Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P36963

Amount of Each Receipt this Period
60.00

Credit Card
(\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Carolyn L. Goodwin

Mailing Address 4959 Mill Run Rd

City State Zip Code
Dallas TX 75244-6530

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

Name of Employer Occupation
Goodwin Benefits Group, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P37038

Amount of Each Receipt this Period
30.00

Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1090.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 117
(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)
Kent Grathwohl
Mailing Address 3341 Essex Dr
City Troy State MI Zip Code 48084-2703
FEC ID number of contributing federal political committee. **C**
Name of Employer Group Associates, Inc. Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10394
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Michael D. Gray
Mailing Address 7305 Pioneers Blvd
City Lincoln State NE Zip Code 68506-7519
FEC ID number of contributing federal political committee. **C**
Name of Employer The Harry A. Koch Company Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 925.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37424
Amount of Each Receipt this Period 100.00
Bank Autodraft
(\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Patricia A Griffey
Mailing Address 56294 Primrose Cir
City Elkhart State IN Zip Code 46516-1509
FEC ID number of contributing federal political committee. **C**
Name of Employer Page 1 Benefits, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36714
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1185.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 117
(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)
J.B. Gross

Mailing Address 331 Clear Lake Ln

City State Zip Code
Weatherford TX 76087-9173

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

Name of Employer Occupation
J. B. Gross Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P37039
Amount of Each Receipt this Period: 85.00
Credit Card
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lorelei A. Gross

Mailing Address 331 Clear Lake Ln

City State Zip Code
Weatherford TX 76087-9173

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

Name of Employer Occupation
J. B. Gross Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P37040
Amount of Each Receipt this Period: 85.00
Credit Card
(\$85.00 Monthly)

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

Mailing Address 7412 Karl Dr

City State Zip Code
Lincoln NE 68516-4368

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

Name of Employer Occupation
Senior Benefit Strategies Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10301-P37393
Amount of Each Receipt this Period: 50.00
Bank Autodraft
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 220.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 117
(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)
Craig Gussin
Mailing Address 843 Summersong Ct
City Encinitas State CA Zip Code 92024-5447
FEC ID number of contributing federal political committee. **C**
Name of Employer Auerbach & Gussin Insurance and Finan Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36731
Amount of Each Receipt this Period 50.00
Credit Card (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Antonio Gutierrez
Mailing Address 12833 Riverdance Dr
City Raleigh State NC Zip Code 27613-7093
FEC ID number of contributing federal political committee. **C**
Name of Employer Integrated Benefit Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37058
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Teresa Gutierrez
Mailing Address 12833 Riverdance Dr
City Raleigh State NC Zip Code 27613-7093
FEC ID number of contributing federal political committee. **C**
Name of Employer IBS/White Bear Group Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37060
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 117

(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)
Dwight A. Hall

Mailing Address 6107 Hazelwood Ave

City State Zip Code
Indianapolis IN 46228-1316

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

Name of Employer Occupation
Midwest Insurance Market- Regional Sales Director
ers of America

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

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

Transaction ID: 10298-P36717

Amount of Each Receipt this Period
30.00

Credit Card
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Gerald G Hartman

Mailing Address 3822 Gemini Cir

City State Zip Code
Boise ID 83709-4834

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

Name of Employer Occupation
Insurance Network America Agent
Inc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36965

Amount of Each Receipt this Period
50.00

Credit Card
(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Sheila H Hartman

Mailing Address 20315 Howard Ct

City State Zip Code
Woodland Hills CA 91364-5668

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

Name of Employer Occupation
Financial Independence Co- Agent
mpany

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36966

Amount of Each Receipt this Period
170.00

Credit Card
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 117
(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)
Russell T. Head

Mailing Address 652 Woodstone Way

City State Zip Code
Evans GA 30809-4416

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

Name of Employer Group and Benefits Consultants, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 08 / 19 / 2010
Transaction ID: 10264
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Hedy S Hebert

Mailing Address 4816 Woodberry Ln

City State Zip Code
Benton LA 71006-9361

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

Name of Employer Benefit Consulting Services Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P37067
Amount of Each Receipt this Period: 30.00
Credit Card (\$30.00 Monthly)

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

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10301-P37213
Amount of Each Receipt this Period: 100.00
Bank Autodraft (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 495.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 117
(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 Hepscher
Mailing Address 5406 Gall Blvd
City State Zip Code
Zephyrhills FL 33542-3957
FEC ID number of contributing federal political committee. **C**
Name of Employer The Canadian Drugstore Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37111
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jon Hicks
Mailing Address 3620 Mountainside Dr
City State Zip Code
Colorado Springs CO 80918-5528
FEC ID number of contributing federal political committee. **C**
Name of Employer Hicks Benefit Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36792
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard L Hill
Mailing Address 4435 O St
City State Zip Code
Lincoln NE 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 ▼ 720.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37169
Amount of Each Receipt this Period 85.00
Bank Autodraft
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 43 / 117
(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)
John H. Hinck
Mailing Address 3160 Ridge Dr
City Toano State VA Zip Code 23168-9615
FEC ID number of contributing federal political committee. **C**
Name of Employer Centaurus Financial, Inc. Occupation Registered Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37041
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James H Hissong
Mailing Address 8401 Widmer Rd
City Lenexa State KS Zip Code 66215-5416
FEC ID number of contributing federal political committee. **C**
Name of Employer Jim Hissong Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37283
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Angela Hogan
Mailing Address 1233 Lincoln Mall Ste 100
City Lincoln State NE Zip Code 68508-2876
FEC ID number of contributing federal political committee. **C**
Name of Employer BlueCross BlueShield of Nebraska Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37185
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 117
(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)
Matthew B. Holcomb

Mailing Address 712 Hill St SE

City Atlanta State GA Zip Code 30315-1312

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

Name of Employer Holcomb Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10300-P37071

Amount of Each Receipt this Period 30.00

Credit Card (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert V. Holland

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531-0698

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

Name of Employer Centralia General Agencies Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37179

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Gloria Denise Hopper

Mailing Address 613 Sunnybrook Dr

City Monroe State NC Zip Code 28110-2770

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

Name of Employer First Citizens Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37396

Amount of Each Receipt this Period 40.00

Bank Autodraft (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kymberly J. Hopwood
Mailing Address 1955 Las Colinas Dr
City State Zip Code
Brentwood CA 94513-6601
FEC ID number of contributing federal political committee. **C**
Name of Employer Dealey, Renton & Associates
Occupation Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36757
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Barbara Hostettler
Mailing Address 2094 Weeping Willow Ln
City State Zip Code
Mount Joy PA 17552-8849
FEC ID number of contributing federal political committee. **C**
Name of Employer Hostettler Insurance
Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36894
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David L Hunt
Mailing Address 110 Mallard Ln
City State Zip Code
Madison MS 39110-8799
FEC ID number of contributing federal political committee. **C**
Name of Employer Hunt Insurance Agency
Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37398
Amount of Each Receipt this Period 35.00
Bank Autodraft
(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 95.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 117
(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

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)
Lisa L. Iils

Mailing Address 2401 E Mercer Ln

City State Zip Code
Phoenix AZ 85028-2527

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

Name of Employer Occupation
Vista Benefit Strategies Employee Benefit Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P36912

Amount of Each Receipt this Period
35.00

Credit Card
(\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Leah-Anne Janway

Mailing Address 2225 SW 96th St

City State Zip Code
Oklahoma City OK 73159-6861

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

Name of Employer Occupation
Berryhill Insurance Agency, Inc. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37412

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
R. Allan Jensen

Mailing Address 6060 S Kenton Way

City State Zip Code
Englewood CO 80111-5728

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

Name of Employer Occupation
self Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37305

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **95.00**

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

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

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

FOR LINE NUMBER: PAGE 47 / 117
(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)
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 ▼ 885.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37044
Amount of Each Receipt this Period 170.00
Credit Card
(\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Sandra Johnson
Mailing Address 15707 Deer Crst
City San Antonio State TX Zip Code 78248-1327
FEC ID number of contributing federal political committee. **C**
Name of Employer Hairston, Johnson & Associates, PLLC Occupation Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37056
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Suzanne K. Johnson
Mailing Address 6235 Morrison Blvd Ste 302
City Charlotte State NC Zip Code 28211-3508
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategic Employee Benefit Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37211
Amount of Each Receipt this Period 40.00
Bank Autodraft
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 240.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 48 / 117
(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)
Brent G. Jones

Mailing Address 932 Sonoma Way

City State Zip Code
Sacramento CA 95819-3422

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

Name of Employer Integrity Administrators, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36857
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Cynthia M. Jones

Mailing Address 24223 English Rose Pl

City State Zip Code
Valencia CA 91354-4921

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

Name of Employer Warner Pacific Insurance Services Occupation Vice President of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36725
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Roger B. Jorgensen

Mailing Address 8220 Commonwealth Dr Ste 204

City State Zip Code
Eden Prairie MN 55344-5387

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

Name of Employer Alliance Benefit Group Occupation Vice President, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36964
Amount of Each Receipt this Period 85.00
Credit Card (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 117
(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)
Lawrence Kaczmarek
Mailing Address 6711 Berry Rd
City Ravenna State OH Zip Code 44266-9161
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 248.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37408
Amount of Each Receipt this Period 31.00
Bank Autodraft (\$31.00 Monthly)

B. Full Name (Last, First, Middle Initial)
T. Darlene Kaczmarek
Mailing Address 6711 Berry Rd
City Ravenna State OH Zip Code 44266-9161
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 248.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37409
Amount of Each Receipt this Period 31.00
Bank Autodraft (\$31.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jonathan E. Katz
Mailing Address 1404 Northpoint Glen Ct
City Herndon State VA Zip Code 20170-2707
FEC ID number of contributing federal political committee. **C**
Name of Employer Virginia Medical Plans Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36745
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 92.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 117
(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)
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: George R. Keeling Insurance Agency
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37402

Amount of Each Receipt this Period 85.00

Bank Autodraft
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dianne M. Kelley

Mailing Address 7320 N La Cholla Blvd

City State Zip Code
Tucson AZ 85741-2309

FEC ID number of contributing federal political committee. C

Name of Employer: Sandbrook Business Benefits Group
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37461

Amount of Each Receipt this Period 30.00

Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jean Marie Kelly

Mailing Address 5435 70th Way N

City State Zip Code
Saint Petersburg FL 33709-1305

FEC ID number of contributing federal political committee. C

Name of Employer: BB&T Iler Wall & Shorner Insurance Se
Occupation: Benefit Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36783

Amount of Each Receipt this Period 30.00

Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 117
(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)
Tamara P Kennedy
 Mailing Address 9414 E Sera Brisa
 City State Zip Code
 Scottsdale AZ 85255-6054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rogers Benefit Group, Inc. Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 1 0
Transaction ID: 10300-P36866
 Amount of Each Receipt this Period
 85.00
 Credit Card
 (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dierdre Kennedy-Simington
 Mailing Address 1748 Meadowbrook Rd
 City State Zip Code
 Altadena CA 91001-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Polenzani Benefits & Insurance Service Vice President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 1 0
Transaction ID: 10300-P37024
 Amount of Each Receipt this Period
 30.00
 Credit Card
 (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Carolyn J. King
 Mailing Address 6 Country Ln
 City State Zip Code
 Sussex NJ 07461-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New England Financial Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 1 0
Transaction ID: 10300-P37036
 Amount of Each Receipt this Period
 30.00
 Credit Card
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 52 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Laurie J Kirkland
Mailing Address 6601 Glacier Ct
City State Zip Code
Yakima WA 98908-2382
FEC ID number of contributing federal political committee. **C**
Name of Employer Conover Insurance, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36949
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Linda Rose Koehler
Mailing Address 516 Shelley St
City State Zip Code
Livermore CA 94550-2368
FEC ID number of contributing federal political committee. **C**
Name of Employer Herzog Insurance Agency Occupation Health Insurance Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 805.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37384
Amount of Each Receipt this Period 85.00
Bank Autodraft
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mark Kolterman
Mailing Address PO Box 426
City State Zip Code
Seward NE 68434-0426
FEC ID number of contributing federal political committee. **C**
Name of Employer Kolterman Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36854
Amount of Each Receipt this Period 35.00
Credit Card
(\$35.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 117
	<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) Susanne Kolterman		Date of Receipt
	Mailing Address PO Box 426		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Seward	NE	68434-0426
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kolterman Agency, Inc.		Occupation Agent	Transaction ID: 10301-P37462
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Bank Autodraft (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Ross W. Kraft		Date of Receipt
	Mailing Address 21 Jordan Rd		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New Hartford	NY	13413-2311
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Meridian Group of New York, Inc.		Occupation President	Transaction ID: 10300-P36951
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="243.36"/>	Amount of Each Receipt this Period <input type="text" value="30.42"/>
			Credit Card (\$30.42 Monthly)

C.	Full Name (Last, First, Middle Initial) Mary B. Kramer		Date of Receipt
	Mailing Address 2120 Nelsons Creek Dr		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Omaha	NE	68116-5135
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Holmes Murphy and Associates, Inc.		Occupation Vice President	Transaction ID: 10301-P37274
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="370.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Bank Autodraft (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.42"/>
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 54 / 117
(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)
Linda E. Krueger
Mailing Address 5753 Housman Ave
City Pueblo State CO Zip Code 81004-9708
FEC ID number of contributing federal political committee. **C**
Name of Employer Beta Health Association, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37372
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Daniel C LaBroad
Mailing Address 710 Farmers Market Way
City Dallas State TX Zip Code 75201-8451
FEC ID number of contributing federal political committee. **C**
Name of Employer Ovation Health & Life Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37019
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Julian E. Lago
Mailing Address 8104 Bautista Way
City Palm Beach Gardens State FL Zip Code 33418-8178
FEC ID number of contributing federal political committee. **C**
Name of Employer Plastridge Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 01 / 2010
Transaction ID: 10389
Amount of Each Receipt this Period 170.00

SUBTOTAL of Receipts This Page (optional) ► 285.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 55 / 117
(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)
Mary Landen
Mailing Address 517 White Ash Ct
City Windsor State CA Zip Code 95492-8199
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37386
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David Lansing
Mailing Address 425 2nd St SE Ste 1150
City Cedar Rapids State IA Zip Code 52401-1818
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Solutions, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36851
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
James A. Lawless
Mailing Address 435 Kingswood
City Lexington State KY Zip Code 40502-1000
FEC ID number of contributing federal political committee. **C**
Name of Employer Lawless Insurance Agency Occupation Owner/Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36952
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 56 / 117
(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)
Amy L. Layman
Mailing Address 2232 Page Rd
City Durham State NC Zip Code 27703-8921
FEC ID number of contributing federal political committee. **C**
Name of Employer Fort Dearborn Life Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37188
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Charles N. Lineberger
Mailing Address 2927 Berwick Ln
City Gastonia State NC Zip Code 28054-6055
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Partners, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37275
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Larry Link
Mailing Address 6901 Ravine Cir
City Worthington State OH Zip Code 43085-2886
FEC ID number of contributing federal political committee. **C**
Name of Employer InsuranceLink Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36981
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 57 / 117
(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)
Michele M. Liro
Mailing Address 435 Trinidad Dr
City State Zip Code
Satellite Beach FL 32937-3444
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Aetna, Inc. Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 08 / 01 / 2010
Transaction ID: 10388
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Juan R. Lopez
Mailing Address 27 Banstead
City State Zip Code
Trabuco Canyon CA 92679-3740
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Kaiser Permanente Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P37022
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Scott Lopez
Mailing Address 717 Lucerne Dr
City State Zip Code
New Iberia LA 70563-8979
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Insurance Resource Group Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P37113
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 117

(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)

Sallie Loughlin

Mailing Address 312 E Main St

City State Zip Code
Salisbury MD 21801

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

Name of Employer
Avery Hall Benefit Solutions, Inc.

Occupation
Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37209

Amount of Each Receipt this Period

30.00

Bank Autodraft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Douglas Lubenow

Mailing Address 3 Fulton Dr

City State Zip Code
Mount Laurel NJ 08054-4510

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

Name of Employer
Lubenow Agency

Occupation
Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37215

Amount of Each Receipt this Period

30.00

Bank Autodraft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City State Zip Code
New York NY 10017-8103

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

Name of Employer
The Medical Link, Inc.

Occupation
President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36908

Amount of Each Receipt this Period

250.00

Credit Card

(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

310.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 117
(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)
Richard S. Manin
Mailing Address 33 Manchester St
City Galloway State NJ Zip Code 08205-3678
FEC ID number of contributing federal political committee. **C**
Name of Employer Richard S. Manin Insurance Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36791
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Kimberly C. Martin
Mailing Address 6 Rasada Dr
City Weaverville State NC Zip Code 28787-9306
FEC ID number of contributing federal political committee. **C**
Name of Employer Ebenconcepts Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37276
Amount of Each Receipt this Period 40.00
Bank Autodraft
(\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Donald L. Mathern
Mailing Address 7650 Cherrywood Dr
City Boise State ID Zip Code 83704-3541
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Specialists Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36844
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 117
(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)
Carol Matznick
Mailing Address 3207 Cottingham Ct
City Greensboro State NC Zip Code 27410-8362
FEC ID number of contributing federal political committee. **C**
Name of Employer North Carolina AHU Occupation Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37380
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Michael E. Matznick
Mailing Address 3207 Cottingham Ct
City Greensboro State NC Zip Code 27410-8362
FEC ID number of contributing federal political committee. **C**
Name of Employer EbenConcepts Company Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37023
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Barbara A. McClaskey
Mailing Address 10804 Granite Drive
City Redding State CA Zip Code 96001
FEC ID number of contributing federal political committee. **C**
Name of Employer Barbara A. McClaskey Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37053
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 61 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John R. McConnaughey
Mailing Address 6312 Anthony Dr
City State Zip Code
Liberty Twp OH 45011-1303
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
JRM & Associates Agency, Inc Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 1 0
Transaction ID: 10298-P36765
Amount of Each Receipt this Period
30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
H. Luke McDermott
Mailing Address 1044 Park Palisade Dr
City State Zip Code
South Jordan UT 84095-2229
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
McDermott Company & Associates Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0
Transaction ID: 10300-P36954
Amount of Each Receipt this Period
50.00
Credit Card
(\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Leslie E. McGerr
Mailing Address 6125 Havelock Ave
City State Zip Code
Lincoln NE 68507-1234
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Les McGerr & Company President
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0
Transaction ID: 10300-P36901
Amount of Each Receipt this Period
30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 117
	<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) Susan Marie McGinnis		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 9905 S Maplewood Ave		Transaction ID: 10270
	City Tulsa	State OK	Zip Code 74137-5534
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer BenEx Insurance Agency	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) Susan Marie McGinnis		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 9905 S Maplewood Ave		Transaction ID: 10301-P37357
	City Tulsa	State OK	Zip Code 74137-5534
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer BenEx Insurance Agency	Occupation Vice President	Bank Autodraft
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	(\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Ward McKalson		Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 22365 Ferdinand Ct		Transaction ID: 10298-P36730
	City Salinas	State CA	Zip Code 93908-1106
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Leavitt Central Coast Insurance Servi	Occupation Agent	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 595.00	(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 117

(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)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City State Zip Code
Spokane WA 99202-1525

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

Name of Employer Occupation
Western States Jones & Mitchell Benefits Manager

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

Date of Receipt

MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 10298-P36727

Amount of Each Receipt this Period

50.00

Credit Card

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary Mengason

Mailing Address 26910 Shetland Ct

City State Zip Code
Salisbury MD 21801-2331

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

Name of Employer Occupation
Avery Hall Benefit Solutions, Inc. Agent

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

Date of Receipt

MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P36934

Amount of Each Receipt this Period

30.00

Credit Card

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dennis F. Mobley

Mailing Address 459 Pimlico Pl

City State Zip Code
Jackson MS 39211-4030

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

Name of Employer Occupation
Mobley Insurance Agency, LLC Office Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37277

Amount of Each Receipt this Period

50.00

Bank Autodraft

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 117
(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)
Sandra V Mobley
Mailing Address 5454 I 55 N Ste B
City Jackson State MS Zip Code 39211-4027
FEC ID number of contributing federal political committee. **C**
Name of Employer Sandra Mobley Agency LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37138
Amount of Each Receipt this Period 50.00
Bank Autodraft
(\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Stephanie Monette
Mailing Address 1510 Meadow Wood Ln
City Reno State NV Zip Code 89502-8503
FEC ID number of contributing federal political committee. **C**
Name of Employer Saint Mary's Health Plans Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37208
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Gary Monteith
Mailing Address 736 Johnson Ferry Rd
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 Broker Sales Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 445.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36770
Amount of Each Receipt this Period 10.00
Credit Card
(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 117

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David R. Moore

Mailing Address 605 Truitt Dr

City State Zip Code
Elon NC 27244-9262

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

Name of Employer Occupation
David R. Moore, CLU & Associates Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37381

Amount of Each Receipt this Period
85.00

Bank Autodraft
(\$85.00 Monthly)

B.

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 ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37203

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Glen W. Mulready

Mailing Address 2708 W 66th Pl

City State Zip Code
Tulsa OK 74132-1301

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

Name of Employer Occupation
Benefit Plan Strategies Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36861

Amount of Each Receipt this Period
30.00

Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 117

(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)
Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City State Zip Code
Upland CA 91786-4793

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10300-P36924

Amount of Each Receipt this Period
85.00

Credit Card
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Joshua D. Nace

Mailing Address 936 N 34th St Ste 208

City State Zip Code
Seattle WA 98103-8869

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

Name of Employer Occupation
Dental Health Services, Inc. Vice President Sales & Service

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37247

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Katrina A. Nash

Mailing Address 6812 Rivergate Ln

City State Zip Code
Oklahoma City OK 73132-3905

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

Name of Employer Occupation
Gallagher Benefit Services, Inc. Agent

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37392

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 117
(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)
Celia Nash-Underwood

Mailing Address 9022 Jeremy Cir

City State Zip Code
Park City UT 84098-4828

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

Name of Employer Occupation
Nash & Associates Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P37070
Amount of Each Receipt this Period: 30.00
Credit Card (\$30.00 Monthly)

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

Mailing Address 32110 Agoura Rd

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.20

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P36898
Amount of Each Receipt this Period: 416.70
Credit Card (\$416.70 Monthly)

C. Full Name (Last, First, Middle Initial)
B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City State Zip Code
Baton Rouge LA 70806-5131

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

Name of Employer Occupation
The Nolan Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10301-P37389
Amount of Each Receipt this Period: 30.00
Bank Autodraft (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **476.70**

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

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

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

FOR LINE NUMBER: PAGE 68 / 117
(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)
Michael A. Norris

Mailing Address PO Box 2052

City Franklin State NC Zip Code 28744-2052

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

Name of Employer The Wayah Agency, Inc. Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37281

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Pamela Nygaard

Mailing Address 1014 4th St W

City Kirkland State WA Zip Code 98033-5337

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

Name of Employer Spectera Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37282

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Terri M. Olson

Mailing Address PO Box 21479

City Keizer State OR Zip Code 97307-1479

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

Name of Employer Olson Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37174

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 69 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John C. Parker
Mailing Address 47 Laurel Hill Dr
City Niantic State CT Zip Code 06357-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer Parker Agency Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 905.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37360
Amount of Each Receipt this Period 100.00
Bank Autodraft
(\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jesse A. Patton
Mailing Address 701 Grand Ave
City West Des Moines State IA Zip Code 50265-3625
FEC ID number of contributing federal political committee. **C**
Name of Employer Associations Marketing Group, Inc. Occupation CEO/President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2925.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36752
Amount of Each Receipt this Period 350.00
Credit Card
(\$350.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Lee Patton
Mailing Address 3105 True Pkwy, Apt 608
City West Des Moines State IA Zip Code 50265
FEC ID number of contributing federal political committee. **C**
Name of Employer Associations Marketing Group, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37262
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 70 / 117
(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)
Jennifer L. Pender
Mailing Address 1635 Mount McKinley Dr
City Grayson State GA Zip Code 30017-2980
FEC ID number of contributing federal political committee. **C**
Name of Employer Pender & Associates Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37346
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ross W. Pendergraft
Mailing Address 16622 Calahan St
City North Hills State CA Zip Code 91343-3602
FEC ID number of contributing federal political committee. **C**
Name of Employer Arroyo Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37008
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kenneth G. Penn
Mailing Address 218 North St
City Portsmouth State VA Zip Code 23704-2602
FEC ID number of contributing federal political committee. **C**
Name of Employer ChamberSolutions Occupation Executive Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36738
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 71 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David R. Perry
Mailing Address 2003 Charvais Dr
City Lake Charles State LA Zip Code 70601-5605
FEC ID number of contributing federal political committee. **C**
Name of Employer The Perry Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37016
Amount of Each Receipt this Period 60.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jackie Audrey Peterson
Mailing Address 816 Calle Myriam
City Sparks State NV Zip Code 89436-0663
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37375
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Paige W. Phillips
Mailing Address 1235 Highway 301
City Calera State AL Zip Code 35040-5591
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Partners, LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37347
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 72 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Joseph E. Pittman
Mailing Address 7430 Vinton St
City Omaha State NE Zip Code 68124-3452
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Association Management Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36713
Amount of Each Receipt this Period 35.00
Credit Card
(\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Susan R. Pittman
Mailing Address 32418 51st Ave SW
City Federal Way State WA Zip Code 98023-1936
FEC ID number of contributing federal political committee. **C**
Name of Employer Insure NW Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37191
Amount of Each Receipt this Period 50.00
Bank Autodraft
(\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Angela Potts Bopp
Mailing Address 1205 Highway 2 Ste 202
City Sandpoint State ID Zip Code 83864-2740
FEC ID number of contributing federal political committee. **C**
Name of Employer Summit Insurance Resource Group Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37237
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 115.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 73 / 117
(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)
Alex Poulter
Mailing Address 9545 Woodland Dr
City Lenexa State KS Zip Code 66220-3801
FEC ID number of contributing federal political committee. C
Name of Employer HealthEdata Occupation Principal
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36761
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jason A. Powers
Mailing Address 9545 Woodland Dr
City Lenexa State KS Zip Code 66220-3801
FEC ID number of contributing federal political committee. C
Name of Employer HealthEdata Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36742
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
D. Michael Pressley
Mailing Address 1075 Moran Rd
City Franklin State TN Zip Code 37069-6960
FEC ID number of contributing federal political committee. C
Name of Employer BB&T Insurance Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37366
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 90.00
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 74 / 117

(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)
Terri B. Pritchard

Mailing Address 1399 Ashleybrook Ln Ste 110

City State Zip Code
Winston Salem NC 27103-2961

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

Name of Employer Occupation
IBSI Holdings, Inc. Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36850

Amount of Each Receipt this Period
30.00

Credit Card

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
John G. Prue

Mailing Address 12713 S Edinburg St

City State Zip Code
Olathe KS 66062-1300

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

Name of Employer Occupation
Humana, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37266

Amount of Each Receipt this Period
85.00

Bank Autodraft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Connie Puett

Mailing Address 5160 N Eyrie Way

City State Zip Code
Boise ID 83703-4287

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

Name of Employer Occupation
PacificSource Health Plans Marketing & Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 445.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36938

Amount of Each Receipt this Period
85.00

Credit Card

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 117

(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) Rebecca L. Purdy		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 8121 Desert Jewel Cir		Transaction ID: 10301-P37267
	City Las Vegas	State NV	Zip Code 89128-7741
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Onyx Group		Occupation Agent	Bank Autodraft
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	(\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Kathy M. Rainwater		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 3809 Silverwood Dr		Transaction ID: 10301-P37367
	City Tyler	State TX	Zip Code 75701-9336
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Threlkeld & Company Insurance		Occupation Executive Vice President	Bank Autodraft
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00	(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Susan Maley Rash		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 2519 Kettlewell Ct		Transaction ID: 10300-P36939
	City Midlothian	State VA	Zip Code 23113-6726
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BB&T Benefit Consultants of Virginia		Occupation Vice President	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1305.00	(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 76 / 117
(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)
Jon C Rauser
Mailing Address 949 Lamplighter Ln
City Grafton State WI Zip Code 53024-9314
FEC ID number of contributing federal political committee. **C**
Name of Employer The Rauser Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1965.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36940
Amount of Each Receipt this Period 250.00
Credit Card
(\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Kenneth L. Ray
Mailing Address 110 Beaver Bnd
City Canton State MS Zip Code 39046-9296
FEC ID number of contributing federal political committee. **C**
Name of Employer Stewart Sneed Hewes/Banco-rpSouth Insu Occupation Director of Marketing - Life/H
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36941
Amount of Each Receipt this Period 40.00
Credit Card
(\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dennis J. Recker
Mailing Address 971 N Perry St
City Ottawa State OH Zip Code 45875-1218
FEC ID number of contributing federal political committee. **C**
Name of Employer Fawcett, Lammon, Recker & Associates Occupation Registered Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37187
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 320.00
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 77 / 117
(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)
Joni Robin Reents

Mailing Address 12433 Bellaire Dr

City State Zip Code
Thornton CO 80241-2925

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

Name of Employer Occupation
Romer, Reents & Associates, Inc. Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P37012

Amount of Each Receipt this Period: 30.00

Credit Card (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Louis P. Reginelli

Mailing Address 27 Newgate Ave

City State Zip Code
Naperville IL 60565-3039

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

Name of Employer Occupation
L.P.R. Insurance Agency Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 08 / 18 / 2010
Transaction ID: 10260

Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
Karen M. Reynolds

Mailing Address PO Box 1766

City State Zip Code
Palmer AK 99645-1766

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

Name of Employer Occupation
Alaska USA Insurance Brokers Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 08 / 20 / 2010
Transaction ID: 10269

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► **760.00**

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 78 / 117

(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)

Lois Kohler Rhoades

Mailing Address 352 Ridge Top Rd

City State Zip Code
Fleetwood NC 28626-9281

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

Name of Employer Occupation
Hicks, Kohler & Associates Partner

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37134

Amount of Each Receipt this Period

30.00

Bank Autodraft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Russell Lee Rice

Mailing Address 8830 Buckskin Dr

City State Zip Code
Boerne TX 78006-5554

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

Name of Employer Occupation
AVESIS, Inc. Regional VP of Sales

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P37013

Amount of Each Receipt this Period

30.00

Credit Card

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan M. Rider

Mailing Address 45 Apple Tree Cir

City State Zip Code
Fishers IN 46038-1111

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

Name of Employer Occupation
Gregory & Appel Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37369

Amount of Each Receipt this Period

30.00

Bank Autodraft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

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 79 / 117
(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)
Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City State Zip Code
El Paso TX 79912-2803

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

Name of Employer Goodman Financial Group Occupation VP - Employee Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37268

Amount of Each Receipt this Period
50.00

Bank Autodraft
(\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John F. Rippinger

Mailing Address 1492 Burberry Ln

City State Zip Code
Schaumburg IL 60173-2188

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

Name of Employer Rippinger Financial Group, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37269

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

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

Mailing Address PO Box 530

City State Zip Code
Asheville NC 28802-0530

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

Name of Employer Insurance Service of Asheville Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37229

Amount of Each Receipt this Period
85.00

Bank Autodraft
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 165.00

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 80 / 117

(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)

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 Occupation
Midlands Financial Benefits Registered Representative

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1470.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37351

Amount of Each Receipt this Period
170.00

Bank Autodraft

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William D. Robinson

Mailing Address 739 E Jackson St

City State Zip Code
Martinsville IN 46151-2033

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

Name of Employer Occupation
Health Insurance Specialists Marketing Director

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10300-P36918

Amount of Each Receipt this Period
30.00

Credit Card

(\$30.00 Monthly)

C.

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) ▼ 805.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37371

Amount of Each Receipt this Period
85.00

Bank Autodraft

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 117
(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)
Charles P. Rosen
Mailing Address 849 Somera Ct
City Simi Valley State CA Zip Code 93065-5546
FEC ID number of contributing federal political committee. **C**
Name of Employer CPR Insurance & Financial Services Occupation President & CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37014
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Eugene L. Rowe
Mailing Address 10430 Wilshire Blvd
City Los Angeles State CA Zip Code 90024-4651
FEC ID number of contributing federal political committee. **C**
Name of Employer R & R Retirement and Insurance Service Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37364
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Francis A. Ruggiero
Mailing Address 15 Kennedy Dr
City Budd Lake State NJ Zip Code 07828-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer John J. Slattery Associates Occupation Director of Broker Development
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36943
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 82 / 117
(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)
Jean Russell
 Mailing Address 1A Spruce Hill Rd
 City Burlington State MA Zip Code 01803-4012
 Date of Receipt 08 / 01 / 2010
Transaction ID: 10383
 Amount of Each Receipt this Period 30.00
 FEC ID number of contributing federal political committee. C
 Name of Employer BenefitsMart Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 240.00

B. Full Name (Last, First, Middle Initial)
Stephen J. Salamon
 Mailing Address PO Box 4252
 City Timonium State MD Zip Code 21094-4252
 Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36760
 Amount of Each Receipt this Period 85.00
 Credit Card
 (\$85.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer Landmark Insurance & Financial Group Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1180.00

C. Full Name (Last, First, Middle Initial)
Raymer M. Sale
 Mailing Address 2135 Enclave Mill Dr
 City Dacula State GA Zip Code 30019-3290
 Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36947
 Amount of Each Receipt this Period 150.00
 Credit Card
 (\$150.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer E2E Benefits Services, Inc. Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1350.00

SUBTOTAL of Receipts This Page (optional) ▶ 265.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 117
(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)
Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City State Zip Code
Marietta GA 30064-2474

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **430.00**

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 10298-P36747

Amount of Each Receipt this Period
35.00

Credit Card
(\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John E Schneider

Mailing Address 210 Carden Ave

City State Zip Code
Nashville TN 37205-2422

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

Name of Employer Occupation
Colonial Life Agent

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37143

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

C. 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 Occupation
Insurance Benefits & Advisors Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **645.00**

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37180

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **95.00**

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 84 / 117
(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 D. Schulz
Mailing Address 7101 S 82nd St
City Lincoln State NE Zip Code 68516-6584
FEC ID number of contributing federal political committee. **C**
Name of Employer Midlands Financial Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36762
Amount of Each Receipt this Period 85.00
Credit Card (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ralph Steven Seiler
Mailing Address 948 Hawthorn Rd
City Allentown State PA Zip Code 18103-4678
FEC ID number of contributing federal political committee. **C**
Name of Employer R. Steve Seiler Insurance, LCC Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36849
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bruce J. Setlik
Mailing Address 17808 Harney St
City Omaha State NE Zip Code 68118-3500
FEC ID number of contributing federal political committee. **C**
Name of Employer American Community Mutual, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37334
Amount of Each Receipt this Period 30.00
Bank Autodraft (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 85 / 117
(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 W Sheffer

Mailing Address 110 International Way

City State Zip Code
Springfield OR 97477-1034

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

Name of Employer PacificSource Health Plans Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36843
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Kenneth A. Sherlin

Mailing Address 8 1st St

City State Zip Code
Asheville NC 28803-1414

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

Name of Employer Keystone Financial & Benefit Resources Occupation Marketing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37354
Amount of Each Receipt this Period 30.00
Bank Autodraft (\$30.00 Monthly)

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

Mailing Address 2844 Regal Ln

City State Zip Code
Oviedo FL 32765-7573

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37015
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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 86 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Sherrod
Mailing Address 3810 Holly Ridge Dr
City Longview State TX Zip Code 75605-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer Principal Life Insurance Co. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36782
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Thomas E. Shores
Mailing Address 8596 W Bolsa St
City Boise State ID Zip Code 83709-5196
FEC ID number of contributing federal political committee. **C**
Name of Employer T.A. Shores Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 248.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36732
Amount of Each Receipt this Period 31.00
Credit Card (\$31.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Eileen M. Shrem
Mailing Address 215 McCabe Ave Apt C1
City Bradley Beach State NJ Zip Code 07720-1465
FEC ID number of contributing federal political committee. **C**
Name of Employer Independent Insurance Planner Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36751
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 91.00
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 87 / 117
(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)
Robert C. Sichmeller

Mailing Address 4120 Sterlingview Dr

City Moorpark State CA Zip Code 93021-3761

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

Name of Employer: Sichmeller Insurance and Financial So Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 23 / 2010

Transaction ID: 10300-P36945

Amount of Each Receipt this Period: 85.00

Credit Card (\$85.00 Monthly)

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

Mailing Address 1800 State Route 34

City Wall State NJ Zip Code 07719-9168

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt: 08 / 02 / 2010

Transaction ID: 10298-P36764

Amount of Each Receipt this Period: 85.00

Credit Card (\$85.00 Monthly)

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

Mailing Address 4017 W Hollow Trace Dr

City Peoria State IL Zip Code 61615-2418

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

Name of Employer: Group Marketing Services Inc. Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 08 / 02 / 2010

Transaction ID: 10298-P36712

Amount of Each Receipt this Period: 30.00

Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 117
(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)
Julie Smith
Mailing Address 10490 Blockade Dr
City Reno State NV Zip Code 89521-5264
FEC ID number of contributing federal political committee. **C**
Name of Employer Julie Smith Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37335
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MD Sam Smith
Mailing Address 7172 Hawthorn Ave Apt 211
City Los Angeles State CA Zip Code 90046-3284
FEC ID number of contributing federal political committee. **C**
Name of Employer GENESIS/Smith-Benton Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37000
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Teresa A. Smith
Mailing Address 2828 Lily St
City Anchorage State AK Zip Code 99508-4771
FEC ID number of contributing federal political committee. **C**
Name of Employer Premera BlueCross BlueShield of Alaska Occupation agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37254
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 89 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Thomas E. Snell
Mailing Address 1201 Wilkins Dr
City Sanford State NC Zip Code 27330-7238
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Edge of the Carolinas, Inc. Occupation Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36719
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Scott D. Snowden
Mailing Address 6701 Tallwood Ct
City Prospect State KY Zip Code 40059-9417
FEC ID number of contributing federal political committee. **C**
Name of Employer Snowden & Associates, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36985
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Sherry Soileau
Mailing Address 6421 Perkins Rd Bldg A # 2B
City Baton Rouge State LA Zip Code 70808-6200
FEC ID number of contributing federal political committee. **C**
Name of Employer Besselman & Little Agency Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37232
Amount of Each Receipt this Period 10.00
Bank Autodraft
(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 70.00
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 90 / 117
(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)
Richard Blake Spell

Mailing Address 7873 Bufflehead Ct

City Greensboro State NC Zip Code 27455-8376

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

Name of Employer United Healthcare Occupation Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37001
 Amount of Each Receipt this Period 20.00
 Credit Card
 (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jackie L. Spragins

Mailing Address 2009 Speedway Ave

City Wichita Falls State TX Zip Code 76301-6067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37338
 Amount of Each Receipt this Period 50.00
 Bank Autodraft
 (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Delvin L. Stahl

Mailing Address PO Box 388

City Sutton State NE Zip Code 68979-0388

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

Name of Employer Insurance Plus, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37256
 Amount of Each Receipt this Period 40.00
 Bank Autodraft
 (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Kenneth J. Statz</p> <p>Mailing Address PO Box 41068</p> <p>City State Zip Code Brecksville OH 44141-0068</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Statz & Associates</p> <p>Occupation agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 570.00</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: 10300-P36926</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Credit Card</p> <p>(\$85.00 Monthly)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Peter F Stehr</p> <p>Mailing Address 13636 Seward St</p> <p>City State Zip Code Omaha NE 68154-3823</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Peter Stehr Insurance Services, Inc.</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: 10301-P37154</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Bank Autodraft</p> <p>(\$30.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) James R Stenger</p> <p>Mailing Address 381 victoria drive</p> <p>City State Zip Code Bridgewater NJ 12909</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NAS Financial Services</p> <p>Occupation Principal</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1510.00</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: 10301-P37325</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Bank Autodraft</p> <p>(\$170.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	285.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 92 / 117
(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)
Marilyn A. Stenger
Mailing Address 77 Ridgeview Ln
City State Zip Code
Mount Arlington NJ 07856-2321
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MVS Consulting Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1805.00
Date of Receipt
08 / 23 / 2010
Transaction ID: 10301-P37326
Amount of Each Receipt this Period
85.00
Bank Autodraft
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James R. Stephens
Mailing Address 1607 Lower Union Hill Rd
City State Zip Code
Canton GA 30115-8435
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wellcare Health Plans, Inc Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
Date of Receipt
08 / 23 / 2010
Transaction ID: 10301-P37161
Amount of Each Receipt this Period
30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Michael R. Stephens
Mailing Address 11515 S 5th Pl
City State Zip Code
Jenks OK 74037-3229
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00
Date of Receipt
08 / 23 / 2010
Transaction ID: 10300-P36996
Amount of Each Receipt this Period
250.00
Credit Card
(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 365.00
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 93 / 117
(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)
Rodney Stuart

Mailing Address 9755 Randall Dr

City Indianapolis State IN Zip Code 46280-2951

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

Name of Employer Benefit Innovations, LLP Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37316

Amount of Each Receipt this Period 50.00

Bank Autodraft (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James L. Sugden

Mailing Address 628 Wild Ridge Cir

City Lafayette State CO Zip Code 80026-2583

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

Name of Employer Employee Benefit Solutions, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37328

Amount of Each Receipt this Period 85.00

Bank Autodraft (\$85.00 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 ▼ 1000.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37329

Amount of Each Receipt this Period 125.00

Bank Autodraft (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 260.00

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 94 / 117
(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 L Sutherland
 Mailing Address 19126 Kristen Way
 City San Antonio State TX Zip Code 78258-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Wortham Insurance & Risk Management
 Occupation: Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00
 Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P36970
 Amount of Each Receipt this Period: 100.00
 Credit Card
 (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Ernie Sweat
 Mailing Address 393 W Gordon Ave Ste 1
 City Layton State UT Zip Code 84041-2391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fringe Benefit Analysts, Inc. Db a Frin
 Occupation: Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P37006
 Amount of Each Receipt this Period: 30.00
 Credit Card
 (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 F. Todd Taylor
 Mailing Address 11 Millstone Rd
 City Richmond State VA Zip Code 23228-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Medical Society of Virginia Insurance
 Occupation: Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00
 Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P36994
 Amount of Each Receipt this Period: 85.00
 Credit Card
 (\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 95 / 117
(check only one)
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 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)
Marsha Tellesbo
Mailing Address 22887 NE 127th Way
City Redmond State WA Zip Code 98053-5657
FEC ID number of contributing federal political committee. **C**
Name of Employer Tellesbo & Company Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 805.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36990
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Charles F Terry
Mailing Address 409 Madison St
City Clarksville State TN Zip Code 37040-3649
FEC ID number of contributing federal political committee. **C**
Name of Employer DUNN INSURANCE, INC. Occupation Senior Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36891
Amount of Each Receipt this Period 40.00
Credit Card
(\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ryan P. Thorn
Mailing Address 10342 Springcrest Ln
City South Jordan State UT Zip Code 84095-4538
FEC ID number of contributing federal political committee. **C**
Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37177
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 117
(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)
Dave Toeben

Mailing Address 1625 Division St

City State Zip Code
Waite Park MN 56387-1811

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

Name of Employer Occupation
Insight Insurance Services President

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

Date of Receipt: 08 / 02 / 2010
Transaction ID: 10298-P36748
Amount of Each Receipt this Period: 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Daniel R. Tompkins

Mailing Address 7555 Brookstead Xing

City State Zip Code
Duluth GA 30097-1953

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

Name of Employer Occupation
Admin America Executive Vice President

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

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10301-P37318
Amount of Each Receipt this Period: 30.00
Bank Autodraft
(\$30.00 Monthly)

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

Mailing Address 4521 Laurel St

City State Zip Code
New Orleans LA 70115-1538

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

Name of Employer Occupation
Business Insurance Group Director of Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: 10300-P36991
Amount of Each Receipt this Period: 35.00
Credit Card
(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 95.00

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 97 / 117

(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)
Janet Trautwein

Mailing Address 7212 Redlac Dr

City State Zip Code
Clifton VA 20124-1948

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

Name of Employer Occupation
NAHU CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37330

Amount of Each Receipt this Period

170.00

Bank Autodraft

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
C. Louanne Trebing

Mailing Address 1806 Patton Dr

City State Zip Code
Garland TX 75042-8205

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

Name of Employer Occupation
Trebing Insurance Services Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 10301-P37331

Amount of Each Receipt this Period

50.00

Bank Autodraft

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Terrie L Trevino

Mailing Address 672 S Tiburon Ave

City State Zip Code
Meridian ID 83642-3590

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

Name of Employer Occupation
Blue Cross of Idaho Marketing Consultant

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

Date of Receipt

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

Transaction ID: 10298-P36780

Amount of Each Receipt this Period

30.00

Credit Card

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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 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)
Brian Urban
Mailing Address 11329 Kansas Cir
City Omaha State NE Zip Code 68164-1555
FEC ID number of contributing federal political committee. **C**
Name of Employer Corporate Resource Group, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36746
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David R. Van Ahn
Mailing Address 821 17th St
City West Des Moines State IA Zip Code 50265-3452
FEC ID number of contributing federal political committee. **C**
Name of Employer Van Ahn Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36983
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Catherine Van Zant
Mailing Address 11916 W Highway 156
City West Fork State AR Zip Code 72774-9378
FEC ID number of contributing federal political committee. **C**
Name of Employer Rogers Benefit Group Occupation Sales Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37319
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00
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 99 / 117
(check only one)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 3702 Alton Rd SW

City State Zip Code
Roanoke VA 24014-3004

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

Name of Employer Southwind Health Partners Occupation President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: 10301-P37333

Amount of Each Receipt this Period
40.00

Bank Autodraft
(\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ellen Vickers

Mailing Address 921-C S McPherson Church Rd

City State Zip Code
Fayetteville NC 28303-5368

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

Name of Employer EbenConcepts Company Occupation Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: 10301-P37195

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles G. Wagner

Mailing Address PO Box 9

City State Zip Code
Burwell NE 68823-0009

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

Name of Employer Town and Country Insurance Agency, In Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: 10301-P37246

Amount of Each Receipt this Period
85.00

Bank Autodraft
(\$85.00 Monthly)

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 117
(check only one)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rand R. Wall

Mailing Address 1004 Sugardale Ct

City State Zip Code
Sugar Land TX 77498-2760

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37320

Amount of Each Receipt this Period 100.00

Bank Autodraft (\$100.00 Monthly)

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

Mailing Address 701 Oyster Catcher Dr

City State Zip Code
Hampstead NC 28443-8340

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

Name of Employer Advanced Insurance Systems Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37341

Amount of Each Receipt this Period 30.00

Bank Autodraft (\$30.00 Monthly)

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

Mailing Address 2000 14th St N Ste 450

City State Zip Code
Arlington VA 22201-2573

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

Name of Employer NAHU Occupation VP, Policy and State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 10301-P37222

Amount of Each Receipt this Period 85.00

Bank Autodraft (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 215.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(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)
M. Hughes Waren

Mailing Address 1109 Princeton Dr

City State Zip Code
Wilmington NC 28403-2528

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

Name of Employer Ebenconcepts, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37255
Amount of Each Receipt this Period 85.00
Bank Autodraft
(\$85.00 Monthly)

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

Mailing Address PO Box 272

City State Zip Code
Chico CA 95927-0272

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

Name of Employer John Warwick Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36932
Amount of Each Receipt this Period 85.00
Credit Card
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mark A Waugh

Mailing Address 125 Powell Rd

City State Zip Code
Newport NC 28570-3706

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

Name of Employer EbenConcepts Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37309
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 102 / 117
(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)
Dan Webb

Mailing Address 5251 Office Park Dr

City Bakersfield State CA Zip Code 93309-0404

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

Name of Employer The Webb Insurance Group Occupation Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1570.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37166
Amount of Each Receipt this Period 170.00
Bank Autodraft
(\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jason Scott Weilage

Mailing Address 3800 Flowering Grove Ct

City Louisville State KY Zip Code 40241-3044

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

Name of Employer Brown and Brown Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37321
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles L. Westmoreland

Mailing Address PO Box 925

City Jackson State MS Zip Code 39205-0925

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

Name of Employer American Public Life Insurance Company Occupation Director of Agency Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36837
Amount of Each Receipt this Period 60.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 260.00

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 103 / 117
(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)
Robert H. White

Mailing Address 218 W 6th St

City State Zip Code
Tulsa OK 74119-1004

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

Name of Employer Occupation
CommunityCare HMO Plans Marketing Representative
of OK

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37196

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dale Whiteis

Mailing Address 7820 S Granite Ave

City State Zip Code
Tulsa OK 74136-8456

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

Name of Employer Occupation
Whiteis Benefits Agent

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37235

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
George Williams

Mailing Address 4109 Woodway Dr

City State Zip Code
Monroe LA 71201-2218

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

Name of Employer Occupation
Financial Planning Resources Agent

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 10301-P37308

Amount of Each Receipt this Period
30.00

Bank Autodraft
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 104 / 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Michael R Williams</p> <p>Mailing Address 302 S 36th St Ste 105</p> <p>City State Zip Code Omaha NE 68131-3845</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Williams Deras & Associates Occupation: Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 680.00</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: 10300-P36853</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Credit Card</p> <p>(\$85.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Paula L Wilson</p> <p>Mailing Address 31930 Daniel Way</p> <p>City State Zip Code Temecula CA 92591-2129</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Paula Wilson, Inc. Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 680.00</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: 10301-P37311</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Bank Autodraft</p> <p>(\$85.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Thomas R. Wilson</p> <p>Mailing Address 1400 Amber Joy</p> <p>City State Zip Code Wichita Falls TX 76310-9323</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Boley Featherston Insurance Agency Occupation: Benefits Consultant/Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: 10300-P37091</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Credit Card</p> <p>(\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 105 / 117
(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)
Tammy Winn
Mailing Address 5940 Hartson
City State Zip Code
Kyle TX 78640-8827
FEC ID number of contributing federal political committee. **C**
Name of Employer Pro Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10301-P37312
Amount of Each Receipt this Period 30.00
Bank Autodraft
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Steven T. Wisneski
Mailing Address 2321 Wickham Dr
City State Zip Code
Muskegon MI 49441-3145
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Benefit Systems, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 08 / 01 / 2010
Transaction ID: 10387
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Rosanne Wolfe
Mailing Address 4600 E Swans Nest Rd
City State Zip Code
Tucson AZ 85718-6248
FEC ID number of contributing federal political committee. **C**
Name of Employer Wolfe Insurance & Consultants, LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36999
Amount of Each Receipt this Period 30.00
Credit Card
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00
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 106 / 117
(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)
Barbara Wright
Mailing Address 318 Calash Run
City Fort Wayne State IN Zip Code 46845-2104
FEC ID number of contributing federal political committee. **C**
Name of Employer Intrahealthsolutions, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 530.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P37029
Amount of Each Receipt this Period 85.00
Credit Card (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dennis E. Wright
Mailing Address 318 Calash Run
City Fort Wayne State IN Zip Code 46845-2104
FEC ID number of contributing federal political committee. **C**
Name of Employer IntraHealth Solutions, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00
Date of Receipt 08 / 02 / 2010
Transaction ID: 10298-P36749
Amount of Each Receipt this Period 85.00
Credit Card (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Luann S. Yarberry
Mailing Address 4500 Bermuda Ln
City Wichita Falls State TX Zip Code 76308-2443
FEC ID number of contributing federal political committee. **C**
Name of Employer Allred-Thompson-Mason-Daugherty Ins. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 23 / 2010
Transaction ID: 10300-P36984
Amount of Each Receipt this Period 30.00
Credit Card (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00
TOTAL This Period (last page this line number only) ▶ 23126.54

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

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

FOR LINE NUMBER: PAGE 107 / 117
(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)
Regions Bank

Mailing Address 6286 N College

City State Zip Code
Indianapolis IN 46220

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2016.47

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 03 / 2010

Transaction ID: 10211

Amount of Each Receipt this Period
2000.00

B.

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

Mailing Address 6286 N College

City State Zip Code
Indianapolis IN 46220

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2018.02

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2010

Transaction ID: 10377

Amount of Each Receipt this Period
1.55

SUBTOTAL of Receipts This Page (optional)	▶	2001.55
TOTAL This Period (last page this line number only)	▶	2001.55

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: 10381 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Collection Fee	<input type="text" value="366.77"/>
	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: 10380 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Collection Fee	<input type="text" value="4.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: 10382 Date of Disbursement
	Mailing Address 7300 Chapman Way	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Collection Fee	<input type="text" value="1476.67"/>
	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="1848.39"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 10379

Date of Disbursement

08 / 09 / 2010

Amount of Each Disbursement this Period

307.46

SUBTOTAL of Disbursements This Page (optional)

307.46

TOTAL This Period (last page this line number only)

2155.85

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ANDY BARR FOR CONGRESS, INC.</p> <p>Mailing Address PO Box 2059</p> <p>City Lexington State KY Zip Code 40588</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name GARLAND "ANDY" BARR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10246 Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ANDY BARR FOR CONGRESS, INC.</p> <p>Mailing Address PO Box 2059</p> <p>City Lexington State KY Zip Code 40588</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name GARLAND "ANDY" BARR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10250 Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ANDY BARR FOR CONGRESS, INC.</p> <p>Mailing Address PO Box 2059</p> <p>City Lexington State KY Zip Code 40588</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name GARLAND "ANDY" BARR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10252 Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MICHAEL A. ARCURI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10266 Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS</p> <p>Mailing Address PO BOX 250</p> <p>City NEWBURGH State IN Zip Code 47629</p> <p>Purpose of Disbursement Reception 8.2</p> <p>Candidate Name LARRY D BUCSHON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10206 Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CITIZENS FOR TOM PETRI</p> <p>Mailing Address P.O. Box 270</p> <p>City Fond du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name THOMAS PETRI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10222 Date of Disbursement 08 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s) 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) COMMITTEE TO ELECT DON VOLARIC Mailing Address 20836 HALL RD #119 City CLINTON TWP State MI Zip Code 48038 Purpose of Disbursement Contribution Candidate Name DONALD CECIL VOLARIC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10247 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DON VOLARIC Mailing Address 20836 HALL RD #119 City CLINTON TWP State MI Zip Code 48038 Purpose of Disbursement Contribution Candidate Name DONALD CECIL VOLARIC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10253 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DON VOLARIC Mailing Address 20836 HALL RD #119 City CLINTON TWP State MI Zip Code 48038 Purpose of Disbursement Contribution Candidate Name DONALD CECIL VOLARIC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10251 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

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

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

A.	Full Name (Last, First, Middle Initial) DAN BURTON FOR CONGRESS COMMITTEE	Transaction ID: 10249 Date of Disbursement 08 / 17 / 2010
	Mailing Address P.O. Box 50593	Amount of Each Disbursement this Period 500.00
	City Indianapolis State IN Zip Code 46250	
	Purpose of Disbursement Contribution Candidate Name DANNY L BURTON Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 05	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK	Transaction ID: 10212 Date of Disbursement 08 / 04 / 2010
	Mailing Address PO Box 750114	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89136	
	Purpose of Disbursement Fundraiser Candidate Name JOE HECK Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 03	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF TODD YOUNG	Transaction ID: 10204 Date of Disbursement 08 / 03 / 2010
	Mailing Address POST OFFICE BOX 1053	Amount of Each Disbursement this Period 2500.00
	City BLOOMINGTON State IN Zip Code 47402	
	Purpose of Disbursement Reception 8.3 Candidate Name TODD CHRISTOPHER YOUNG Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) HOOSIERS FOR STUTZMAN</p> <p>Mailing Address 0250 W 600 N</p> <p>City HOWE State IN Zip Code 46746</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MARLIN A STUTZMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10248 Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 20123</p> <p>City Riverside State CA Zip Code 92516</p> <p>Purpose of Disbursement Reception 9.2</p> <p>Candidate Name KENNETH S MR. CALVERT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10226 Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Event 8.20</p> <p>Candidate Name FRANK JR PALLONE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10215 Date of Disbursement 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ROB WOODALL FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 1871</p> <p>City LAWRENCEVILLE State GA Zip Code 30046</p> <p>Purpose of Disbursement Run-Off 8.10</p> <p>Candidate Name ROB WOODALL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10205 Date of Disbursement 08 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS</p> <p>Mailing Address PO BOX 2</p> <p>City CHATHAM State VA Zip Code 24531</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROBERT HURT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10265 Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS</p> <p>Mailing Address 3030 HARRISON AVENUE</p> <p>City CINCINNATI State OH Zip Code 45211</p> <p>Purpose of Disbursement Event 8.21</p> <p>Candidate Name STEVE CHABOT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10245 Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

23000.00

**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 116 / 117

<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)

April P. Ashburn

Transaction ID: 10268

Date of Disbursement

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

Mailing Address 7390 Sugar Camp Hollow Rd

City State Zip Code
Fairview TN 37062

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
contribution refunded

010
Category/ Type

Candidate Name
April P. Ashburn

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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)

<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) Dawkins for NC House	Transaction ID: 10283 Date of Disbursement
	Mailing Address 122 Thorncliff Drive	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Fayetteville State NC Zip Code 28303	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Johnny Dawkins	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Governor Branstad 2010 Committee	Transaction ID: 10208 Date of Disbursement
	Mailing Address 3590 109th Street	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Urbandale State IA Zip Code 50322	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception	<input type="text" value="3000.00"/>
	Candidate Name Terry Branstad	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA 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) Kasich Taylor for Ohio	Transaction ID: 10217 Date of Disbursement
	Mailing Address 340 East Gay St.	<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Kasich	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>