

**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**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

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

0 1

0 5

2 0 1 0

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M M
1 2D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		91930.12
(b) Cash on Hand at Beginning of Reporting Period	184206.49	
(c) Total Receipts (from Line 19)	39398.30	469643.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	223604.79	561573.50
7. Total Disbursements (from Line 31)	34638.15	372606.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	188966.64	188966.64
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)

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Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	24757.67	278056.30
(ii) Unitemized	14636.88	191529.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39394.55	469586.12
(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)	39394.55	469586.12
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.)	3.75	57.26
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))	39398.30	469643.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39398.30	469643.38

DETAILED SUMMARY PAGE

of Disbursements

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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.....	1059.15	14833.86	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1059.15	14833.86	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	350900.00	
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	1579.00	6374.00	
(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))	1579.00	6374.00	
29. Other Disbursements.....	0.00	499.00	
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))..	34638.15	372606.86	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34638.15	372606.86	

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)	39394.55	469586.12
34. Total Contribution Refunds (from Line 28(d))	1579.00	6374.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37815.55	463212.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1059.15	14833.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1059.15	14833.86

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

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

FOR LINE NUMBER: PAGE 6 / 177

(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)

Sergio Acuna

Mailing Address 1656 Bob Murphy Dr

City

El Paso

State

TX

Zip Code

79936-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sergio Acuna Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27739

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lori J. Alalan

Mailing Address PO Box 2424

City

Hickory

State

NC

Zip Code

28603-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina first Assoc.

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27366

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Terry Allard

Mailing Address 11619 Brook Hill Ct

City

Anchorage

State

AK

Zip Code

99516-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27502

Amount of Each Receipt this Period

50.00

Credit Card Draft

(\$50.00 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 7 / 177

(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)

Daniel Alm

Mailing Address 5071 S 175th St

City

Omaha

State

NE

Zip Code

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27203

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kris Amen

Mailing Address 7455 Cordova Club Dr E

City

Cordova

State

TN

Zip Code

38018-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana

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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26973

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kirk Andonian

Mailing Address 4423 Point Fosdick Dr NW Ste 306

City

Gig Harbor

State

WA

Zip Code

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 ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27310

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 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 8 / 177

(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)

Catherine M. Antonie

Mailing Address W190 S7238 Lochcrest Blvd

City

Muskego

State

WI

Zip Code

53150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Futures LLC

Occupation

Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27725

Amount of Each Receipt this Period

50.00

Credit Card Draft

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Elizabeth Ashmore

Mailing Address 6102 82nd St Ste 6

City

Lubbock

State

TX

Zip Code

79424-0803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore & Associates Insurance Agency

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26893

Amount of Each Receipt this Period

100.00

Check Draft

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Virginia T. Ashton-Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation

Director of Provider Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26976

Amount of Each Receipt this Period

40.00

Check Draft

(\$40.00 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 177

(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 L. Bader

Mailing Address 1903 Otoole Way

City

San Jose

State

CA

Zip Code

95131-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health & Life Associates

Occupation

Manager, Broker Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27368

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Diane L. Barton

Mailing Address 2732 Kerry Ln

City

Oklahoma City

State

OK

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26862

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David S. Bauer

Mailing Address 1027 Tahoe Dr

City

Belmont

State

CA

Zip Code

94002-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bauer Financial Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27332

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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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FOR LINE NUMBER: PAGE 10 / 177

(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)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Waunakee

State

WI

Zip Code

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 ▼

1145.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27178

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Darald T Bean

Mailing Address 3922 Rampart St

City

Boise

State

ID

Zip Code

83704-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bean Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27703

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Saundra K. Beaty

Mailing Address 5101 Highlands Dr

City

McKinney

State

TX

Zip Code

75070-7622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tate Financial Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27197

Amount of Each Receipt this Period

25.00

Check Draft

(\$25.00 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)
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FOR LINE NUMBER: PAGE 11 / 177

(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 Associat-
es

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27742

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26848

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Bensman

Mailing Address 300 W Nokomis Ct

City

Milwaukee

State

WI

Zip Code

53217-2611

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

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27031

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 177

(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)

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 Insur-
ance & Finan

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27032

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stephanie Berger

Mailing Address 743 Diamond Dr

City

Camarillo

State

CA

Zip Code

93010-7497

FEC ID number of contributing
federal political committee.

C

Name of Employer
HLS Insurance Services

Occupation

Large Group Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27704

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 Comp-
any, Inc.

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27179

Amount of Each Receipt this Period

85.00

Check Draft

(\$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 13 / 177

(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)

Lynnda L. Berryhill

Mailing Address 211 N Robinson Ave

City

Oklahoma City

State

OK

Zip Code

73102-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berryhill Insurance Agenc-
y, 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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26950

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas Besselman

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27280

Amount of Each Receipt this Period

250.00

Credit Card Draft

(\$250.00 Monthly)

C.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27198

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 177

(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 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 InsuranceOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.38

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27309

Amount of Each Receipt this Period

100.00

Credit Card Draft

(\$100.00 Monthly)

B.

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 Ag-
ency, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27744

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 & AssociatesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27240

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 177

(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)

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26883

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Andrea M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialties, In-
c.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27033

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialties, In-
c.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27034

Amount of Each Receipt this Period

50.00

Check Draft

(\$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 16 / 177

(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)

Laura Blomgren

Mailing Address 37W778 Stratford Ln

City

Elgin

State

IL

Zip Code

60124-6750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peridot Financial Group,
LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27705

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michele B. Bloom

Mailing Address 2213A Walnut St

City

Harrisburg

State

PA

Zip Code

17103-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson, Reid & Co

Occupation

Plan Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27180

Amount of Each Receipt this Period

30.42

Check Draft

(\$30.42 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jocelyn D. Boland

Mailing Address 166 Cornerstone Ln

City

Lexington

State

SC

Zip Code

29073-7622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Management 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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27200

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.42

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 17 / 177

(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 C. Bosier

Mailing Address 6410 N Butler Rd

City

Cedar Falls

State

IA

Zip Code

50613-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Net Worth Advisors

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27498

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lacy N. Boswell

Mailing Address 6089 Caladesi Ct

City

Jacksonville

State

FL

Zip Code

32258-1168

FEC ID number of contributing
federal political committee.

C

Name of Employer
AvMed Health Plans

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27499

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ron Bowling

Mailing Address 8326 Richards Rd

City

Shawnee Mission

State

KS

Zip Code

66215-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27709

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 18 / 177

(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)

Jim Bowman

Mailing Address 2701 W 15th St # 554

City

Plano

State

TX

Zip Code

75075-7523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowman & Bowman Consultan-
ts, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27246

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27043

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

William J. Brannon

Mailing Address 7 Terrace Way Ste C

City

Greensboro

State

NC

Zip Code

27403-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group US, Inc.

Occupation
Sales agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27403

Amount of Each Receipt this Period

25.00

Credit Card Draft

(\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

85.00

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 / 177

(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)

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 Solution-
s, Inc.

Occupation

Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27496

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27497

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27710

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 20 / 177

(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. Brown

Mailing Address 2909 Four Corners Dr

City

Grand Junction

State

CO

Zip Code

81503-2977

FEC ID number of contributing
federal political committee.

C

Name of Employer
William L. Brown Ins. Ser-
vices, LLC

Occupation

Special Project Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27201

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas A. Bryon

Mailing Address 10504 Meadow Ln

City

Leawood

State

KS

Zip Code

66206-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Life

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27254

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Anthony C Buechler

Mailing Address 1203 Colonial Cir

City

Papillion

State

NE

Zip Code

68046-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buechler Insurance Servic-
es

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27211

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 177

(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 Pl

City

Round Rock

State

TX

Zip Code

78665-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Buffum Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27037

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City

Anchorage

State

AK

Zip Code

99503-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Wilson Agency, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26932

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 5653 Maxwellton Rd

City

Oakland

State

CA

Zip Code

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 ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27724

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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 22 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph W. Buyalos

Mailing Address 9051 Major Smith Ln

City

Frederick

State

MD

Zip Code

21704-7831

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Insurance Exchange,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27217

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tim Byrne

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mortenson, Matzelle & Mel-
drum

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26955

Amount of Each Receipt this Period

25.00

Check Draft

(\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City

Pontiac

State

MI

Zip Code

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 ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27683

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 177

(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)

Sarah Gunter Canez

Mailing Address 2006 Edgehill Dr

City

San Antonio

State

TX

Zip Code

78209-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer
EFGI Insurance & Bonds

Occupation

Principal/Steve Jamison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27727

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael E. Carmean

Mailing Address 3075 Lee Road 248

City

Smiths

State

AL

Zip Code

36877-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Insurance Sales,
Inc.

Occupation

Vice President, Group Sales &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27038

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Louie L. Cason

Mailing Address 2920 Gervais St

City

Columbia

State

SC

Zip Code

29204-3345

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 ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26952

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 177

(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)

Lorelei G. Castellani

Mailing Address PO Box 2100

City

Branchville

State

NJ

Zip Code

07826-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Guidance Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27728

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary Beth Chapa

Mailing Address 266 Tony Ln

City

Green Bay

State

WI

Zip Code

54303-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mortenson, Matzelle & Mel-
drum, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27334

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Russell B. Childers

Mailing Address 402 Rawley Rd

City

Americus

State

GA

Zip Code

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 ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27165

Amount of Each Receipt this Period

85.00

Check Draft

(\$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 25 / 177

(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)

Keli Childs-Crisler

Mailing Address 16215 Gollihar Rd

City

Peyton

State

CO

Zip Code

80831-9448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Cost Solutions

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27684

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jonathan S. Clark

Mailing Address 545 E 4500 S Ste E250

City

Salt Lake City

State

UT

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27299

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steven M. Clement

Mailing Address 3010 Fenwood Trl

City

Roswell

State

GA

Zip Code

30075-4199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reynolds, Clement & Compa-
ny, LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26855

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 177

(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. Cluley

Mailing Address 2220 Glen Echo Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hurley Medical Center

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27698

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Frederick W. Coan

Mailing Address 103 E Prospect St

City

Stoughton

State

WI

Zip Code

53589-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Benefits

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27699

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard P. Coburn

Mailing Address 19 Minor Ct

City

San Rafael

State

CA

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27321

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 27 / 177

(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

Big Bear Lake

State

CA

Zip Code

92315-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Benefit Consult-
ing & Insuran

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27700

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Maggie Coley

Mailing Address 5859 Abercorn St

City

Savannah

State

GA

Zip Code

31405-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Benefit Solutions,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26852

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27040

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 28 / 177

(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)

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 ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26868

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26843

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas F. Cottar

Mailing Address 1204 Mesquite St

City

Baytown

State

TX

Zip Code

77521-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Major Medical, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27185

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 29 / 177

(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)

Carrie Cox

Mailing Address 3621 Eastman Dr

City

Oklahoma City

State

OK

Zip Code

73112-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oden Roberts Rohrman Insu-
rance

Occupation

Group Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27199

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Valerie Cramer

Mailing Address 2664 Hedwidge Dr

City

Traverse City

State

MI

Zip Code

49684-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Priority Health

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27218

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Reed Damron

Mailing Address 4642 Riveredge Dr

City

Duluth

State

GA

Zip Code

30096-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
HIRE Benefits, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27244

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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 30 / 177

(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 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27154

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Johnny Lee Dawkins

Mailing Address PO Box 53809

City

Fayetteville

State

NC

Zip Code

28305-3809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27262

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Teresa F DeBruin

Mailing Address 5441 Edgerton Dr

City

Norcross

State

GA

Zip Code

30092-2185

FEC ID number of contributing
federal political committee.

C

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

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27716

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 31 / 177

(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)

Nathan Dee

Mailing Address 11468 Parkersburg Ave

City

Las Vegas

State

NV

Zip Code

89138-6090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Benefits, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27717

Amount of Each Receipt this Period

31.00

Credit Card Draft

(\$31.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Scott A Delisi

Mailing Address 920 Starview Ln

City

Lincoln

State

NE

Zip Code

68512-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ameritas Life Insurance
Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27016

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephanie Denz

Mailing Address 1808 Hickory Trace Dr

City

Orange Park

State

FL

Zip Code

32003-8387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc.

Occupation
Senior Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27017

Amount of Each Receipt this Period

30.00

Check Draft

(\$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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 177

(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)

Michelle A. DeWitt Douglas

Mailing Address 4100 Goodlette Rd N

City

Naples

State

FL

Zip Code

34103-3373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulfshore Insurance, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27374

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Marie G. DeWolf

Mailing Address 2028 Blue Mesa Ct

City

Loveland

State

CO

Zip Code

80538-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeWolf Insurance, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27651

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Scott D. Dial

Mailing Address 1011 Harness Lane

City

Richardson

State

TX

Zip Code

75081-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Disability Income

Occupation
Supervisor Guardian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 9425

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 177

(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 Dierck

Mailing Address 2323 Easthills Dr Unit 47

City

Bakersfield

State

CA

Zip Code

93306-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kern AHU

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27680

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Rush David Dixon

Mailing Address 1375 Piccard Dr

City

Rockville

State

MD

Zip Code

20850-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and Schilli-
ng

Occupation
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2490.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27341

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steve H. Dodder

Mailing Address PO Box 2069

City

Monument

State

CO

Zip Code

80132-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Health

Occupation
Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26919

Amount of Each Receipt this Period

85.00

Check Draft

(\$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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 177

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☒ 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)

Theresa M. Dodds

Mailing Address 4748 Winged Foot Way

City

Columbus

State

GA

Zip Code

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27719

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Claudia S. Dodge

Mailing Address 606 Wexwood Ct

City

Richmond

State

VA

Zip Code

23236-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation
Sales Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27720

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael B. Dollins

Mailing Address 4334 NW Expressway Ste 242

City

Oklahoma City

State

OK

Zip Code

73116-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dollins & Company, 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
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26948

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

60.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Elizabeth C. Donner

Mailing Address 101 Ivy Hollow Ct

City

Morrisville

State

NC

Zip Code

27560-9334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Planning, Ltd.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27469

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Cynthia H. Doucet

Mailing Address 206 Bon Mange Cir

City

Lafayette

State

LA

Zip Code

70506-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Financial Resource-
s, Inc.

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 Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27018

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Betty R. Doyle

Mailing Address 3304 Cedar Valley Rd

City

Moore

State

OK

Zip Code

73170-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doyle Insurance Source

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27144

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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☒ 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)

Ken Doyle

Mailing Address 1045 Calle Pecos

City

Thousand Oaks

State

CA

Zip Code

91360-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27653

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dana Drake

Mailing Address 706 N 19th St

City

Coeur D Alene

State

ID

Zip Code

83814-5549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schedler Mack Insurance,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27145

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Tonya D. Draughon

Mailing Address 19252 SW 3rd Ct

City

Pembroke Pines

State

FL

Zip Code

33029-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renaissance Family of Com-
panies

Occupation
Market Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27260

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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**

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☒ 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)

Keith M. Duhon

Mailing Address 208 Essex St

City

Lafayette

State

LA

Zip Code

70506-6133

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Family Insurance Cent-
er, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27157

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tina Durand

Mailing Address 3105 Lawnview St

City

Corpus Christi

State

TX

Zip Code

78404-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heavin & Associates Insur-
ance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27169

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

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, In-
c.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27237

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$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

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☒ 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)

Alison W. Eckis

Mailing Address 2710 Kenbury Rd

City

Richmond

State

VA

Zip Code

23225-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Straus, Itzkowitz & LeCom-
pte Ins. Age

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27471

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael A. Embry

Mailing Address 26240 Wacker Dr

City

New Baltimore

State

MI

Zip Code

48051-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Servic-
es, Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
VP - Group Benefits Division

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27659

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

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.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Benefits Consultant

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27160

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 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 39 / 177

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☒ 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)
TERESA ESPINOZA

Mailing Address 827 Belli Dr

City State Zip Code
Reno NV 89502-2584

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA NEVADA CORPORATION

Occupation
BENEFITS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27357

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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

Mailing Address PO Box 19

City State Zip Code
Demotte IN 46310-0019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Arts Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27405

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Nicole Fairbairn

Mailing Address 2113 Dakota Dr

City State Zip Code
Noblesville IN 46062-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Insurance Concep-
ts, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27722

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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

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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)

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27472

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David L. Fear

Mailing Address 2010 Sierra View Cir Unit 2

City

Lincoln

State

CA

Zip Code

95648-8088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fear Insurance Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27473

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Catherine L. Ficara

Mailing Address 26999 Central Park Blvd

City

Southfield

State

MI

Zip Code

48076-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Administrators

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27204

Amount of Each Receipt this Period

42.00

Check Draft

(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

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

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

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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)

John R. Finch

Mailing Address 201 Price Rd Apt 227

City

Lexington

State

KY

Zip Code

40511-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Life

Occupation

Benefits Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27660

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27661

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Barbara R. Fleming

Mailing Address 105 Brascote Ln

City

Wilmington

State

NC

Zip Code

28412-0997

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRES

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27173

Amount of Each Receipt this Period

20.00

Check Draft

(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 177

(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)

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 ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9476-P26929

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert M Frazer

Mailing Address 1751 Wyngate Cir

City

Mount Pleasant

State

SC

Zip Code

29466-8016

FEC ID number of contributing
federal political committee.**C**Name of Employer
SeniorCareUSA, LLC

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27632

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27215

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 43 / 177

(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 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27155

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City

Wichita Falls

State

TX

Zip Code

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26849

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joan A. Fusco

Mailing Address 595 Wood Ave

City

North Brunswick

State

NJ

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27174

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 44 / 177

(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 Robert Gaglione

Mailing Address 905 Prairie St

City

Aurora

State

IL

Zip Code

60506-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMall

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27693

Amount of Each Receipt this Period

30.41

Credit Card Draft

(\$30.41 Monthly)

B.

Full Name (Last, First, Middle Initial)

William S. Gall

Mailing Address 26 Briarwood Ln

City

New Hartford

State

NY

Zip Code

13413-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Mutual Finan-
cial Network

Occupation

Financial Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27175

Amount of Each Receipt this Period

75.00

Check Draft

(\$75.00 Monthly)

C.

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 ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27190

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

190.41

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 / 177

(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)

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 Agenci-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27191

Amount of Each Receipt this Period

40.00

Check Draft

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

G. Russell Garner

Mailing Address 1308 Murraywood Dr

City

Columbia

State

SC

Zip Code

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 ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27474

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles T. Gartlan

Mailing Address 19 Tarworth Ter

City

Manchester

State

NJ

Zip Code

08759-6671

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson, Reid & Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27475

Amount of Each Receipt this Period

100.00

Credit Card Draft

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 177

(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 Philip Garven

Mailing Address 11865 Blue Bayou Dr

City

Huntley

State

IL

Zip Code

60142-6764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benico, LTD

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27476

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michele Gasparre

Mailing Address 8 Hanks Lane

City

Brenster

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michaels & Associates

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27399

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ronald L. Gay

Mailing Address 3000 Briarcrest Dr Ste 422

City

Bryan

State

TX

Zip Code

77802-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott & White Health Plan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26881

Amount of Each Receipt this Period

84.00

Check Draft

(\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

199.00

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

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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)

Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City

Phoenix

State

AZ

Zip Code

85021-7257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Insurance Brokers,
Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27633

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Charles J. Giardina

Mailing Address 41 Seven Oaks Rd

City

Marrero

State

LA

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27149

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

James David Gibson

Mailing Address 93 Hollenbeck Rd

City

Irmo

State

SC

Zip Code

29063-8076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gibson & Associates, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27302

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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 48 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Gibson

Mailing Address 308 Beulah Ln

City

Irmo

State

SC

Zip Code

29063-9573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gibson & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27662

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Richard R Girdler

Mailing Address 400 Sims Ln

City

Franklin

State

TN

Zip Code

37069-1890

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27694

Amount of Each Receipt this Period

40.00

Credit Card Draft

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Willis H. Glaros

Mailing Address 9772 Rosewood Dr

City

Saint John

State

IN

Zip Code

46373-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employer Benefit Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27345

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 177

(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)

Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City

Ridgefield Park

State

NJ

Zip Code

07660-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Employee Benefits Adv-
isors Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27478

Amount of Each Receipt this Period

60.00

Credit Card Draft

(\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Carolyn L. Goodwin

Mailing Address 4959 Mill Run Rd

City

Dallas

State

TX

Zip Code

75244-6530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Benefits Group,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27635

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Colleen J. Gransee

Mailing Address 6712 N Weary Rd

City

Evansville

State

WI

Zip Code

53536-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean Health Plan

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27163

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 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 50 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27164

Amount of Each Receipt this Period

100.00

Check Draft

(\$100.00 Monthly)

B.

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 ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27477

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert A Grundman

Mailing Address 7412 Karl Dr

City

Lincoln

State

NE

Zip Code

68516-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27132

Amount of Each Receipt this Period

40.00

Check Draft

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

225.00

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 / 177

(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)

Cristy Russell Gupton

Mailing Address 2138 Goodman Lake Rd

City

Morganton

State

NC

Zip Code

28655-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina First Associates

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27669

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

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 Insuran-
ce and Finan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27378

Amount of Each Receipt this Period

40.00

Credit Card Draft

(\$40.00 Monthly)

C.

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 Soluti-
ons, Inc.

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27670

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 52 / 177

(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 R. Gutierrez

Mailing Address 3110 Exacta Ln Apt 1401

City

Raleigh

State

NC

Zip Code

27613-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Benefit Solu-
tions

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27671

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27672

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Anthony W. Halby

Mailing Address 202 Providence Mine Rd Ste 107

City

Nevada City

State

CA

Zip Code

95959-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halby Insurance Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27339

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 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 53 / 177

(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)

Dwight A. Hall

Mailing Address 6107 Hazelwood Ave

City

Indianapolis

State

IN

Zip Code

46228-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Insurance Market-
ers of America

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27481

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert Hanlon

Mailing Address 15153 Technology Dr Ste B

City

Eden Prairie

State

MN

Zip Code

55344-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Health Systems,
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 9421

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joseph Lee Hannah

Mailing Address 9414 Indianfield Dr

City

Mechanicsville

State

VA

Zip Code

23116-5808

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIGNA Healthcare

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27679

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.00

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 54 / 177

(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)

Mark Haraway

Mailing Address 11325 Country Club Rd

City

New Market

State

MD

Zip Code

21774-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer
DentaQuest

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
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27494

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ken Paul Harpell

Mailing Address 10921 Chatham Ct S

City

Burnsville

State

MN

Zip Code

55337-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Health

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27176

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Myrna S. Harris

Mailing Address 3 Lawson Ln

City

Asheville

State

NC

Zip Code

28806-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crescent Preferred Provid-
er Organizat

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27639

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 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 55 / 177

(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)

Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City

Fayetteville

State

NC

Zip Code

28303-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5045.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27483

Amount of Each Receipt this Period

410.00

Credit Card Draft

(\$410.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Larry S. Harrison

Mailing Address 724 S 9th St

City

Las Vegas

State

NV

Zip Code

89101-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Insurance Agency

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27303

Amount of Each Receipt this Period

30.42

Credit Card Draft

(\$30.42 Monthly)

C.

Full Name (Last, First, Middle Initial)

Matthew F. Hatfield

Mailing Address 2207 Springfield Ave

City

Fort Wayne

State

IN

Zip Code

46805-1541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27640

Amount of Each Receipt this Period

40.00

Credit Card Draft

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.42

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 56 / 177

(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)

Leesa Kay Hayes

Mailing Address 9700 Ormsby Station Rd

City

Louisville

State

KY

Zip Code

40223-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
National City Insurance
Group

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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26927

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lori Headley

Mailing Address PO Box 14725

City

Portland

State

OR

Zip Code

97293-0725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthwise Insurance Plan-
ning

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27326

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City

Broken Arrow

State

OK

Zip Code

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26935

Amount of Each Receipt this Period

100.00

Check Draft

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

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 / 177

(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 L. Henry

Mailing Address 19310 Sonoma Hwy Ste A

City

Sonoma

State

CA

Zip Code

95476-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RealCare Insurance Market-
ing, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27270

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Caroline Hesseltnie

Mailing Address 6832 Forest Meadow St

City

San Antonio

State

TX

Zip Code

78238-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABC / Associated Benefit
Consultants

Occupation

Employee Benefit Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27172

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Julie Hickey

Mailing Address 15057 W Polk St

City

Goodyear

State

AZ

Zip Code

85338-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hays Companies

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27691

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 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 58 / 177

(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 Hicks

Mailing Address 3620 Mountainside Dr

City

Colorado Springs

State

CO

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27489

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Timothy K Hicks

Mailing Address 2314 Garrison Place Rd

City

Midlothian

State

VA

Zip Code

23112-4045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aetna Inc.

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27490

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard L Hill

Mailing Address 4435 O St

City

Lincoln

State

NE

Zip Code

68510-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26889

Amount of Each Receipt this Period

85.00

Check Draft

(\$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 59 / 177

(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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27643

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Scott W Hinrichs

Mailing Address 11800 Conrey Rd Ste 250

City

Cincinnati

State

OH

Zip Code

45249-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
L. A. Benefit Planning,
Inc.

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27323

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

C.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27015

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 177

(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)

Mark Hobgood

Mailing Address 130 Rutland Dr

City

Hallsville

State

TX

Zip Code

75650-6213

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27644

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City

Brookfield

State

WI

Zip Code

53045-4558

FEC ID number of contributing
federal political committee.

C

Name of Employer
National CooperativeRx

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27682

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26904

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 / 177

(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)

Sheri S Hokin

Mailing Address 3330 Dundee Rd Ste C3

City

Northbrook

State

IL

Zip Code

60062-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hokin Sternberg Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27305

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26897

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jay Holloway

Mailing Address 3060 Alpine Rd

City

Columbia

State

SC

Zip Code

29223-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueChoice HealthPlan

Occupation
Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27337

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 62 / 177

(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)

Dean E. Holmes

Mailing Address 12252 Beestone Ln

City

Raleigh

State

NC

Zip Code

27614-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group

Occupation

Director of Sales/Group Non-Me

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27492

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Al Hombroek

Mailing Address 30 Lumpkin St Ste D

City

Lawrenceville

State

GA

Zip Code

30045-8410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multiple Benefits Corpora-
tion

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27290

Amount of Each Receipt this Period

50.00

Credit Card Draft

(\$50.00 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27135

Amount of Each Receipt this Period

40.00

Check Draft

(\$40.00 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 63 / 177

(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)

Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City

Detroit

State

MI

Zip Code

48202-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Alliance PlanOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27225

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

A. Watts Huckabee

Mailing Address 611 Forest Ln

City

Rock Hill

State

SC

Zip Code

29730-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina's Insurance GroupOccupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27493

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David L Hunt

Mailing Address 110 Mallard Ln

City

Madison

State

MS

Zip Code

39110-8799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunt Insurance AgencyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9476-P27137

Amount of Each Receipt this Period

35.00

Check Draft

(\$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 64 / 177

(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)

Parks Edwin Icard

Mailing Address PO Box 2885

City

Hickory

State

NC

Zip Code

28603-2885

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Controls of Hickory, 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
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27313

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lisa L. Ills

Mailing Address 2401 E Mercer Ln

City

Phoenix

State

AZ

Zip Code

85028-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Benefit Strategies

Occupation

Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27379

Amount of Each Receipt this Period

35.00

Credit Card Draft

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jerry D. Jackson

Mailing Address 1017 N Maplewood Ave

City

Peoria

State

IL

Zip Code

61606-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Financial Services

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27646

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

85.00

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 / 177

(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)

Leah-Anne Janway

Mailing Address 2225 SW 96th St

City

Oklahoma City

State

OK

Zip Code

73159-6861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berryhill Insurance Agenc-
y, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27151

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City

Marion

State

MA

Zip Code

02738-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sylvia & Co. Ins. Agency,
Inc.

Occupation
Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27501

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

R. Allan Jensen

Mailing Address 6060 S Kenton Way

City

Englewood

State

CO

Zip Code

80111-5728

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27041

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 / 177

(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)

Renaë Ann Johanningmeier

Mailing Address 612 Walnut St

City

West Des Moines

State

IA

Zip Code

50265-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Benefits, LTD

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27647

Amount of Each Receipt this Period

25.00

Credit Card Draft

(\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
David S. Johnson Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27648

Amount of Each Receipt this Period

100.00

Credit Card Draft

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Judy Anne Johnson

Mailing Address 6245 E Broadway Blvd Ste 600

City

Tucson

State

AZ

Zip Code

85711-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Healthcare

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27347

Amount of Each Receipt this Period

35.00

Credit Card Draft

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

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 / 177

(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 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 & Assoc-
iates, PLLC

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27665

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26933

Amount of Each Receipt this Period

40.00

Check Draft

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Brent G. Jones

Mailing Address 932 Sonoma Way

City

Sacramento

State

CA

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27277

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 68 / 177

(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)

Cynthia M. Jones

Mailing Address 24223 English Rose Pl

City

Valencia

State

CA

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27375

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ken Jones

Mailing Address 13500 Shaker Blvd Apt 502

City

Cleveland

State

OH

Zip Code

44120-1572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custom Brokers Insurance

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27450

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Keith Jordano

Mailing Address 12751 Orange Blvd

City

West Palm Beach

State

FL

Zip Code

33412-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Life

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27338

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 / 177

(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)

Roger B. Jorgensen

Mailing Address 8220 Commonwealth Dr Ste 204

City

Eden Prairie

State

MN

Zip Code

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 ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 9483

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Roger B. Jorgensen

Mailing Address 8220 Commonwealth Dr Ste 204

City

Eden Prairie

State

MN

Zip Code

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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27480

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

C.

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27147

Amount of Each Receipt this Period

31.00

Check Draft

(\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

116.00

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 / 177

(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)

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 ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9476-P27148

Amount of Each Receipt this Period

31.00

Check Draft

(\$31.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kristine Kassel

Mailing Address 1937 E Greentree Dr

City

Tempe

State

AZ

Zip Code

85284-3481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits By Design, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27452

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 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 PlansOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27232

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 71 / 177

(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)

Michele D. Katz

Mailing Address 4905 Louise St

City

Skokie

State

IL

Zip Code

60077-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
L & M Insurance Services,
Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27649

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael Keegan

Mailing Address 2018 Mayflower Dr

City

Lake Ridge

State

VA

Zip Code

22192-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
Director of State Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27482

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

George R Keeling

Mailing Address 1875 N Highway 385

City

Levelland

State

TX

Zip Code

79336-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer
George R. Keeling Insurance
Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27140

Amount of Each Receipt this Period

85.00

Check Draft

(\$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 72 / 177

(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)

Jean Marie Kelly

Mailing Address 5435 70th Way N

City

Saint Petersburg

State

FL

Zip Code

33709-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Iler Wall & Shonter
Insurance Se

Occupation

Benefit Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27453

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kimberly Dawn Kendall

Mailing Address 8 Shady Ln

City

Candler

State

NC

Zip Code

28715-9445

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27001

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Carolyn J. King

Mailing Address 6 Country Ln

City

Sussex

State

NJ

Zip Code

07461-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Financial

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27631

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 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 73 / 177

(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)

Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City

Yakima

State

WA

Zip Code

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 ▼

1120.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27454

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kipp Ryan Kissinger

Mailing Address 143 N Lakeview Way

City

Ashland

State

NE

Zip Code

68003-6208

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 ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	9	

Transaction ID: 9452

Amount of Each Receipt this Period

265.00

C.

Full Name (Last, First, Middle Initial)

Kelly Kistler

Mailing Address 6565 26th St N

City

Saint Petersburg

State

FL

Zip Code

33702-5631

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Service Administrat-
ors, Inc.Occupation
Employee Benefits Sales & Mark

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27687

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

380.00

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 / 177

(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)

Rhonda R. Kitter

Mailing Address 300 Bonnie Jean Ct

City

Anchorage

State

AK

Zip Code

99515-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEA Alaska Health Plan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27620

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lonnie Klene

Mailing Address 926 W 22nd St

City

Houston

State

TX

Zip Code

77008-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Core Benefits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27621

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

B. Michael Knox

Mailing Address 5418 E 86th St

City

Tulsa

State

OK

Zip Code

74137-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principal Financial Group

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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27624

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 177

(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 Rose Koehler

Mailing Address 516 Shelley St

City

Livermore

State

CA

Zip Code

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27122

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susanne Kolterman

Mailing Address PO Box 426

City

Seward

State

NE

Zip Code

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27207

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Louis K. Koster

Mailing Address 4534 Good Dr

City

New Orleans

State

LA

Zip Code

70127-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J Gallagher & Co

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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27455

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 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 76 / 177

(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)

Ross W. Kraft

Mailing Address 21 Jordan Rd

City

New Hartford

State

NY

Zip Code

13413-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Group of New York, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27456

Amount of Each Receipt this Period

30.42

Credit Card Draft

(\$30.42 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mary B. Kramer

Mailing Address 2120 Nelsons Creek Dr

City

Omaha

State

NE

Zip Code

68116-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Murphy and Associates, Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27003

Amount of Each Receipt this Period

40.00

Check Draft

(\$40.00 Monthly)

C.

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 ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27109

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.42

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 77 / 177

(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 A Krzysiak

Mailing Address 15800 Crabbs Branch Way Ste 350

City

Rockville

State

MD

Zip Code

20855-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Benefit Servi-
ces

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27381

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 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 Ser-
vices, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27607

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert A. Lackey

Mailing Address 3540 Breeze Knoll Dr

City

Youngstown

State

OH

Zip Code

44505-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Place Insurance Age-
ncy

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27608

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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: PAGE 78 / 177

(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)

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 ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27625

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$170.00 Monthly)

B.

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27124

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rufus B. Langley

Mailing Address 6617 Quiet Cove Ct

City

Raleigh

State

NC

Zip Code

27612-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Langley Insurance Service-
s, Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27655

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

210.00

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 / 177

(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 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

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27266

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Andrew M. LaRocco

Mailing Address 16 Dartmouth Ave

City

Avondale Estates

State

GA

Zip Code

30002-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
The LaRocco Companies

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27656

Amount of Each Receipt this Period

40.00

Credit Card Draft

(\$40.00 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27458

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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

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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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26907

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William H. Lee

Mailing Address 1 Galleria Blvd Fl 10 Ste 1000

City

Metairie

State

LA

Zip Code

70001-2082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana

Occupation
Direct Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27504

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Karen B. Leonard

Mailing Address 8 Shakespeare Rd

City

Hackettstown

State

NJ

Zip Code

07840-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard Financial Group,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27735

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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

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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)

Marilyn Anne Leonard

Mailing Address 3676 Woodley Dr

City

San Jose

State

CA

Zip Code

95148-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer
BeaconRidge Health Insura-
nce Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27126

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Brian W. Liechty

Mailing Address 120 E Washington St

City

Plymouth

State

IN

Zip Code

46563-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
KL Benefits

Occupation
Benefits Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27369

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27004

Amount of Each Receipt this Period

30.00

Check Draft

(\$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

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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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27508

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michele M. Liro

Mailing Address 435 Trinidad Dr

City

Satellite Beach

State

FL

Zip Code

32937-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aetna, Inc.

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27598

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Juan R. Lopez

Mailing Address 27 Banstead

City

Trabuco Canyon

State

CA

Zip Code

92679-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27611

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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 83 / 177

(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)

Sallie Loughlin

Mailing Address 312 E Main St

City

Salisbury

State

MD

Zip Code

21801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avery Hall Benefit Solu-
tions, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26931

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Douglas Lubenow

Mailing Address 3 Fulton Dr

City

Mount Laurel

State

NJ

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26937

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan Tullis Luvisi

Mailing Address 2185 Avian Pl

City

Jacksonville

State

FL

Zip Code

32224-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
James F. Tullis & Associa-
tes, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27462

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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

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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)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City

New York

State

NY

Zip Code

10017-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medical Link, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1785.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27371

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas G. Magnus

Mailing Address PO Box 999

City

El Granada

State

CA

Zip Code

94018-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anthem Blue Cross

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27257

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael P Maguire

Mailing Address 7555 Market Place Dr

City

Eden Prairie

State

MN

Zip Code

55344-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Ahmann Benefits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27364

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 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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☒ 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 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27510

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27005

Amount of Each Receipt this Period

40.00

Check Draft

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patricia A. Martin

Mailing Address 13815 Starhill Ct

City

Houston

State

TX

Zip Code

77077-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMall

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
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27093

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 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

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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)

Matthew L. Masone

Mailing Address 367 Sheffield Rd

City

Severna Park

State

MD

Zip Code

21146-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Financial Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27597

Amount of Each Receipt this Period

45.00

Credit Card Draft

(\$45.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27245

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27117

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

105.00

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

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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)

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 ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27613

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tom W Mayer

Mailing Address 2720 Aldrich Ave S

City

Minneapolis

State

MN

Zip Code

55408-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Direct Benefits, Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27614

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John R. McConnaughey

Mailing Address 6312 Anthony Dr

City

Liberty Twp

State

OH

Zip Code

45011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency,
Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27630

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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)
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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)

H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City

South Jordan

State

UT

Zip Code

84095-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & Associates

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27464

Amount of Each Receipt this Period

50.00

Credit Card Draft

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joan P. McEntyre

Mailing Address 8360 W Sahara Ave

City

Las Vegas

State

NV

Zip Code

89117-8944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orgill/Singer & Associates

Occupation

Group Benefits Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27006

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City

Lincoln

State

NE

Zip Code

68507-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Les McGerr & Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27348

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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
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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)

Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenEx Insurance Agency

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: 9418

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenEx Insurance Agency

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 9471

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenEx Insurance Agency

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1385.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27094

Amount of Each Receipt this Period

30.00

Check Draft

(\$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

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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)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City

Spokane

State

WA

Zip Code

99202-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western States Jones & Mitchell

Occupation

Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27256

Amount of Each Receipt this Period

50.00

Credit Card Draft

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eloise Meardith

Mailing Address 2347 Sumac Dr

City

Augusta

State

GA

Zip Code

30906-5503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Insurance Services (H.I.S.) by

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27623

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David W. Meister

Mailing Address 5203 N. Alhu Ct

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Managed Benefits Agency, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27657

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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)
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☒ 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 Mengason

Mailing Address 26910 Shetland Ct

City

Salisbury

State

MD

Zip Code

21801-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avery Hall Benefit Soluti-
ons, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27430

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Monte A. Merken

Mailing Address 24577 Indian Hill Ln

City

West Hills

State

CA

Zip Code

91307-3829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merken INS. & Invstmnts/ Li-
ncoln Fin. S

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27007

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Brad F. Merker

Mailing Address 2720 Acorn Rd

City

Chaska

State

MN

Zip Code

55318-1142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Health Soluti-
ons

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27465

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 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

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☒ 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)

Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City

State

Zip Code

Katy

TX

77450-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer
TradeMark Insurance Agency
LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27604

Amount of Each Receipt this Period

100.00

Credit Card Draft

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Bradley V. Miles

Mailing Address 11417 E 44th Ave

City

State

Zip Code

Spokane Valley

WA

99206-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brad Miles Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27605

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey R. Miles

Mailing Address 578 Washington Blvd # 801

City

State

Zip Code

Marina del Rey

CA

90292-5442

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Miles Organization,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1970.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27363

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 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)

Glendae Mitchell

Mailing Address 736 Old Greenville Rd

City

Fayetteville

State

GA

Zip Code

30215-5935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benevestco, Inc.

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26961

Amount of Each Receipt this Period

25.00

Check Draft

(\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robin Mitchell

Mailing Address 383 W Drake Rd Ste 202

City

Fort Collins

State

CO

Zip Code

80526-2884

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitchell, Zuber & Associa-
tes, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26908

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dennis F. Mobley

Mailing Address 459 Pimlico Pl

City

Jackson

State

MS

Zip Code

39211-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobley Insurance Agency,
LLC

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27008

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

85.00

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
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☒ 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26854

Amount of Each Receipt this Period

50.00

Check Draft

(\$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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26930

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David R. Moore

Mailing Address 605 Truitt Dr

City

Elon

State

NC

Zip Code

27244-9262

FEC ID number of contributing
federal political committee.

C

Name of Employer
David R. Moore, CLU & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27118

Amount of Each Receipt this Period

85.00

Check Draft

(\$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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Douglas F. Moore

Mailing Address 2651 Black Oak Ct

City

Wexford

State

PA

Zip Code

15090-7566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seubert & Associates, Inc.

Occupation

Principal & Director, Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27615

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Julia T. Moore

Mailing Address 9208 Clinton Anderson Dr NW

City

Albuquerque

State

NM

Zip Code

87114-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Moore Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27616

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Wesley P. Moore

Mailing Address PO Box 604

City

Darlington

State

SC

Zip Code

29540-0604

FEC ID number of contributing
federal political committee.

C

Name of Employer
W P Moore Agency

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26924

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

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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)

Reine C. Morris

Mailing Address PO Box 1271

City

Portland

State

OR

Zip Code

97207-1271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regence BlueCross BlueShi-
eld

Occupation

Account Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27227

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Carolynne E. Muldoon

Mailing Address 5553 Baca Cir

City

Boulder

State

CO

Zip Code

80301-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Employee Benefit
Group, LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27588

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Leslie M. Muller

Mailing Address 9014 Maple Grove Dr

City

Summerville

State

SC

Zip Code

29485-8865

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group / Ovati-
ons

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26840

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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☒ 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)

Alfred A. Mulliken

Mailing Address 8838 Camelot Dr

City

Chesterland

State

OH

Zip Code

44026-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Mulliken Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27301

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Glen W. Mulready

Mailing Address 2708 W 66th Pl

City

Tulsa

State

OK

Zip Code

74132-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Plan Strategies

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27291

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City

Upland

State

CA

Zip Code

91786-4793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray Musser & Assoc. Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27401

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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)
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Detailed Summary Page

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☒ 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)

Joshua D. Nace

Mailing Address 936 N 34th St Ste 208

City

Seattle

State

WA

Zip Code

98103-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dental Health Services,
Inc.

Occupation

Vice President Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26969

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Katrina A. Nash

Mailing Address 6812 Rivergate Ln

City

Oklahoma City

State

OK

Zip Code

73132-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27131

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City

Baton Rouge

State

LA

Zip Code

70806-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nolan Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27128

Amount of Each Receipt this Period

30.00

Check Draft

(\$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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael A. 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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27013

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27014

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Lora A. Oldham

Mailing Address 20039 E Brightway Dr

City

Mokena

State

IL

Zip Code

60448-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aetna

Occupation
Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27592

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26892

Amount of Each Receipt this Period

25.00

Check Draft

(\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Wendy Owen

Mailing Address 324 W Kari Ct

City

Jacksonville

State

FL

Zip Code

32259-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owen and Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27295

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 ▼

1205.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27097

Amount of Each Receipt this Period

90.00

Check Draft

(\$90.00 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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City

West Des Moines

State

IA

Zip Code

50265-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Gr-
oup, Inc.

Occupation

CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27431

Amount of Each Receipt this Period

350.00

Credit Card Draft

(\$350.00 Monthly)

B.

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 Gr-
oup, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26987

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas H. Peacock

Mailing Address PO Box 61200

City

Columbia

State

SC

Zip Code

29260-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Insurance Group
LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27318

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

410.00

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

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☒ 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)

Alyce Pendell

Mailing Address 3030 SE 12th St Unit 1077

City

Renton

State

WA

Zip Code

98058-3887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sprague Israel Giles, Inc.

Occupation

Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27577

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27082

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

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 ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27578

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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
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☒ 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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27432

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Carol C. Pennington

Mailing Address 4640 Woodbridge Dr

City

Kernersville

State

NC

Zip Code

27284-8850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennington Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27365

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

William H Pennington

Mailing Address 4640 Woodbridge Dr

City

Kernersville

State

NC

Zip Code

27284-8850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennington Associates Inc.

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27389

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27098

Amount of Each Receipt this Period

60.00

Check Draft

(\$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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27112

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joe Phiher

Mailing Address 2323 N Houston St

City

Dallas

State

TX

Zip Code

75219-7622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Employee Benefits

Occupation
Sr. Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26989

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27084

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

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 Mana-
gement

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27595

Amount of Each Receipt this Period

35.00

Credit Card Draft

(\$35.00 Monthly)

C.

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26910

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 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)
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Detailed Summary Page

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☒ 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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26959

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27335

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27216

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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

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☒ 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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27103

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Terri B. Pritchard

Mailing Address 1399 Ashleybrook Ln Ste 110

City

Winston Salem

State

NC

Zip Code

27103-2961

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBSI Holdings, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27265

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John G. Prue

Mailing Address 12713 S Edinburgh St

City

Olathe

State

KS

Zip Code

66062-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26991

Amount of Each Receipt this Period

85.00

Check Draft

(\$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 108 / 177

(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)

Colleen Pruitt

Mailing Address 5805 75th St

City

Lubbock

State

TX

Zip Code

79424-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
TACT Insurance Agency

Occupation

Agency Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27434

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Connie Puett

Mailing Address 5160 N Eyrie Way

City

Boise

State

ID

Zip Code

83703-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Health

Occupation

Marketing & Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27435

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rebecca L. Purdy

Mailing Address 8121 Desert Jewel Cir

City

Las Vegas

State

NV

Zip Code

89128-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Onyx Group

Occupation

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26992

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 109 / 177

(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)

Ryan T Pylman

Mailing Address 1859 R W Berends Dr SW

City

Grand Rapids

State

MI

Zip Code

49519-4955

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Michigan Business Gr-
oup, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27250

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kathy M. Rainwater

Mailing Address 3809 Silverwood Dr

City

Tyler

State

TX

Zip Code

75701-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Threlkeld & Company Insur-
ance

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27104

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey A. Ranf

Mailing Address 2600 Denali St Ste 102

City

Anchorage

State

AK

Zip Code

99503-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wallace Group Services

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27387

Amount of Each Receipt this Period

35.00

Credit Card Draft

(\$35.00 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 110 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27436

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Cindy Bistany Rasmussen

Mailing Address 2500 Laurel Park Hwy

City

Hendersonville

State

NC

Zip Code

28739-8965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flores & Associates

Occupation

Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 9

Transaction ID: 9460

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James R Rasmussen

Mailing Address 2500 Laurel Park Hwy

City

Hendersonville

State

NC

Zip Code

28739-8965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morrow Insurance Agency,
Inc.

Occupation

Employee Benefits Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 9

Transaction ID: 9456

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

585.00

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 111 / 177

(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)

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 ▼

2040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27437

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$170.00 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 InsuOccupation
Director of Marketing - Life/H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27438

Amount of Each Receipt this Period

40.00

Credit Card Draft

(\$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
& AssociatesOccupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9476-P26906

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 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

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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)

Joni Robin Reents

Mailing Address 12433 Bellaire Dr

City

Thornton

State

CO

Zip Code

80241-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romer, Reents & Associate-
s, Inc.

Occupation
Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27582

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ruppert Reinstadler

Mailing Address 5440 SW Westgate Dr Ste 320

City

Portland

State

OR

Zip Code

97221-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coordinate Resources Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27329

Amount of Each Receipt this Period

25.00

Credit Card Draft

(\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patrick Reuszer

Mailing Address 312 Elm Sreet

City

Cincinnati

State

OH

Zip Code

45202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Employee Benfits

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27330

Amount of Each Receipt this Period

50.00

Credit Card Draft

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

105.00

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 113 / 177

(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)

Lois Kohler Rhoades

Mailing Address 352 Ridge Top Rd

City

Fleetwood

State

NC

Zip Code

28626-9281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hicks, Kohler & Associates

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26850

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

R Dane Rianhard

Mailing Address 1 N Charles St

City

Baltimore

State

MD

Zip Code

21201-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
FranklinMorris

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27753

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Russell Lee Rice

Mailing Address 8830 Buckskin Dr

City

Boerne

State

TX

Zip Code

78006-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer
AVESIS, Inc.

Occupation
Regional VP of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27584

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 114 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchasing Alliance Solutions, Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27527

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Gabriel Ricks

Mailing Address 1612 Marion St Ste 2

City

Columbia

State

SC

Zip Code

29201-2939

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27236

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Susan M. Rider

Mailing Address 45 Apple Tree Cir

City

Fishers

State

IN

Zip Code

46038-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gregory & Appel Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27106

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 115 / 177

(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)

Glen E Riensche

Mailing Address 4316 S 48th St

City

Lincoln

State

NE

Zip Code

68516-1287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Insurance Servic-
es

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26901

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address PO Box 1635

City

Irmo

State

SC

Zip Code

29063-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Benefit Services,
LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27212

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City

El Paso

State

TX

Zip Code

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26993

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 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 116 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John F. Rippinger

Mailing Address 1492 Burberry Ln

City

Schaumburg

State

IL

Zip Code

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 ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9476-P26994

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael A. Rivera

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insuran-
ceOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27228

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City

Lincoln

State

NE

Zip Code

68506-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
tsOccupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1810.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9476-P27087

Amount of Each Receipt this Period

150.00

Check Draft

(\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 177

(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 D. Robinson

Mailing Address 739 E Jackson St

City

Martinsville

State

IN

Zip Code

46151-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual
Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27390

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27108

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mark Rose

Mailing Address 1545 NE 76th St

City

Seattle

State

WA

Zip Code

98115-4373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baldwin Resource Group

Occupation
Vice President Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27585

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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 118 / 177

(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)

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 ▼

855.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27586

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Claudia S Ross

Mailing Address 5526 Tennyson Dr

City

Baton Rouge

State

LA

Zip Code

70817-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ross & Company of LA

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	9	

Transaction ID: 9485

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Claudia S Ross

Mailing Address 5526 Tennyson Dr

City

Baton Rouge

State

LA

Zip Code

70817-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ross & Company of LA

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9476-P27089

Amount of Each Receipt this Period

100.00

Check Draft

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

785.00

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

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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)

Kirk Rouse

Mailing Address PO Box 71628

City

Albany

State

GA

Zip Code

31708-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doherty, Duggan & Rouse
Insurors, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 9440

Amount of Each Receipt this Period

56.00

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 Insu-
rance Service

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27101

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 Associat-
es

Occupation
Director of Broker Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27441

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

171.00

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 120 / 177

(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)

Barrie H. Ruland

Mailing Address 122 Winterberry Dr

City

Savannah

State

GA

Zip Code

31406-6359

FEC ID number of contributing
federal political committee.

C

Name of Employer
HRH Company of Savannah

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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27442

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jean Russell

Mailing Address 1A Spruce Hill Rd

City

Burlington

State

MA

Zip Code

01803-4012

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27284

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kelly Sackett

Mailing Address 7839 Clydesdale Ave

City

Kalamazoo

State

MI

Zip Code

49009-5994

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual
Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27249

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 177

(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 S. Sailer

Mailing Address 9721 Wellington Rdg

City

Woodbury

State

MN

Zip Code

55125-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sailer Benefit Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27446

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stephen J. Salamon

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landmark Insurance & Fina-
ncial Group

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27328

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City

Dacula

State

GA

Zip Code

30019-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer
E2E Benefits Services, In-
c.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27447

Amount of Each Receipt this Period

100.00

Credit Card Draft

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 177

(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)

Ryan A Saul

Mailing Address 1521 Technology Pkwy

City

Cedar Falls

State

IA

Zip Code

50613-6977

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIPAC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27331

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City

Marietta

State

GA

Zip Code

30064-2474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schiebel & Associates, LLC
dba Shopbe

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27448

Amount of Each Receipt this Period

35.00

Credit Card Draft

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City

Winston Salem

State

NC

Zip Code

27103-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plans For Health, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27538

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

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
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FOR LINE NUMBER: PAGE 123 / 177

(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)

Chad P. Schneider

Mailing Address 3700 N 1st Ave Apt 1103

City

Tucson

State

AZ

Zip Code

85719-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFLAC

Occupation

Broker Development Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27539

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John E Schneider

Mailing Address 210 Carden Ave

City

Nashville

State

TN

Zip Code

37205-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26861

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patricia A. Schrade

Mailing Address 4910 King Solomon Dr

City

Annandale

State

VA

Zip Code

22003-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Kamen Benefits, LLC

Occupation

Senior Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27556

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 124 / 177

(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)

Denise Michelle Schroeder

Mailing Address 474 E Camino Rancho Cielo

City

Sahuarita

State

AZ

Zip Code

85629-8962

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifeWise Health Plans of
Arizona

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27221

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City

Silver Spring

State

MD

Zip Code

20901-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sors

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2140.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26898

Amount of Each Receipt this Period

170.00

Check Draft

(\$170.00 Monthly)

C.

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 Benefi-
ts

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27346

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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 125 / 177

(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 Schwartz

Mailing Address 4600 American Pkwy Ste 208

City

Madison

State

WI

Zip Code

53718-8334

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAHU

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26922

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

B. Kay Schweiger

Mailing Address 9401 Indian Creek Pkwy

City

Shawnee Mission

State

KS

Zip Code

66210-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trustmark

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27281

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John Scott

Mailing Address 11000 Milestone Dr

City

Mechanicsville

State

VA

Zip Code

23116-5846

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

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26947

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 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
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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)

Jan F. Sedlacek

Mailing Address 15 Commerce Blvd Ste 309

City

Succasunna

State

NJ

Zip Code

07876-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cornerstone Financial Gro-
upOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27396

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Gregory J. Seifert

Mailing Address 3311 NE 115th St

City

Vancouver

State

WA

Zip Code

98686-3945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biggs Insurance ServicesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27540

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

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,
LCCOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27263

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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: PAGE 127 / 177

(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)

Anita Seitz

Mailing Address 3950 Clay St

City

Denver

State

CO

Zip Code

80211-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
David A Marshall and Ass

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27688

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Steven Selinsky

Mailing Address 28638 Oak Point Dr

City

Farmington Hills

State

MI

Zip Code

48331-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Pacific Insurance
Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27541

Amount of Each Receipt this Period

75.00

Credit Card Draft

(\$75.00 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27070

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 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

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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)

Stuart Shapiro

Mailing Address PO Box 587

City

Wheeling

State

IL

Zip Code

60090-0587

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Healthcare/SecureH-
orizons

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26971

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Douglas W Sheffer

Mailing Address 110 International Way

City

Springfield

State

OR

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27241

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kenneth A. Sherlin

Mailing Address 8 1st St

City

Asheville

State

NC

Zip Code

28803-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keystone Financial & Bene-
fit Resources

Occupation

Marketing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27091

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

David M. Sherrill

Mailing Address 2844 Regal Ln

City

Oviedo

State

FL

Zip Code

32765-7573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sherrill Insurance Broker-
age, Inc.

Occupation

Vice President/Life & LTC Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27587

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27259

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27443

Amount of Each Receipt this Period

31.00

Credit Card Draft

(\$31.00 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

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(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)

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 Pla-
nnerOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27444

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Bob G Shupe

Mailing Address 5904 Hitching Post Ln

City

Nashville

State

TN

Zip Code

37211-6934

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP, IncOccupation
President, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27576

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael John Simmang

Mailing Address 143 E Austin St

City

Giddings

State

TX

Zip Code

78942-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Network of TexasOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27542

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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**

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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)

Roger W Skinner

Mailing Address 11835 N 40th Way

City

Phoenix

State

AZ

Zip Code

85028-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
GroupLink, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27012

Amount of Each Receipt this Period

25.00

Check Draft

(\$25.00 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 Associat-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27349

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Deirdre Slattery Fallon

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762-0256

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
es, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27274

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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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)

Richard M. Slavin

Mailing Address 4757 Sunnyslope Avneue

City

Sherman Oaks

State

CA

Zip Code

91423-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard M. Slavin Insuran-
ce & Financi

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 9469

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Amy T. Smith

Mailing Address 109 Spring Valley Dr

City

Brandon

State

MS

Zip Code

39047-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Sneed Hewes/Banco-
rp South Ins.

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27544

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dennis D. Smith

Mailing Address 414 Hamlet Dr W

City

Spring Grove

State

PA

Zip Code

17362-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dennis D. Smith Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 9445

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

380.00

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

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(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)

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 ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27545

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9476-P27071

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kevin W. Smith

Mailing Address 6000 Lake Forrest Dr NW

City

Atlanta

State

GA

Zip Code

30328-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSA Insurance Agency

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27279

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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)
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☒ 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)

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27562

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael A. Smith

Mailing Address 2806 Castle Hayne Rd

City

Castle Hayne

State

NC

Zip Code

28429-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bluewater Insurance Group

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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27563

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patti Smith

Mailing Address 525 Kirkland Way

City

Kirkland

State

WA

Zip Code

98033-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer
P Smith Insurance Services

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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26918

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 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

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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)

Paul E. Smith

Mailing Address 169 Hawthorne Dr

City

Kensington

State

CT

Zip Code

06037-4074

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27564

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

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
Premiera BlueCross BlueShield of Alaska

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26978

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27412

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 136 / 177

(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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26954

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tamela L. Southan

Mailing Address 8431 San Leandro Dr

City

Dallas

State

TX

Zip Code

75218-4320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Solutions By Design

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27546

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

James Randall Southard

Mailing Address 7848 Nc Highway 68 N

City

Stokesdale

State

NC

Zip Code

27357-9326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wells Fargo Insurance Services of NC

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27547

Amount of Each Receipt this Period

65.00

Credit Card Draft

(\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

105.00

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 137 / 177

(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)

Jim Spahr

Mailing Address 1457 Capri Ave

City

Petaluma

State

CA

Zip Code

94954-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackie & Jim Spahr Insurance ServicesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27548

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

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 HealthcareOccupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27565

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Anne P. Sperling

Mailing Address 25 Antigua Rd

City

Santa Fe

State

NM

Zip Code

87508-2201

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27566

Amount of Each Receipt this Period

40.00

Credit Card Draft

(\$40.00 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

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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)

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-Dau-
gherty Insur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27074

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Norman D. Springer

Mailing Address 1626 203rd St E

City

Westfield

State

IN

Zip Code

46074-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Community Mutual

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27413

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 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.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26980

Amount of Each Receipt this Period

40.00

Check Draft

(\$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 139 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Eugene Starks

Mailing Address 334 Woodlands Dr

City

Brandon

State

MS

Zip Code

39047-8186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Administration Se-
rvices, Ltd.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27523

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kenneth J. Statz

Mailing Address PO Box 41068

City

Brecksville

State

OH

Zip Code

44141-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Statz & AssociatesOccupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27402

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Peter F Stehr

Mailing Address 13636 Seward St

City

Omaha

State

NE

Zip Code

68154-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peter Stehr Insurance Ser-
vices, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26873

Amount of Each Receipt this Period

25.00

Check Draft

(\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

85.00

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 140 / 177

(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)

Peter J Stein

Mailing Address 1164 Silver Beech Rd

City

Herndon

State

VA

Zip Code

20170-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation

VP Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27417

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 381 victoria drive

City

Bridgewater

State

NJ

Zip Code

12909

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial Services

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1970.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9475-P26808

Amount of Each Receipt this Period

170.00

Credit Card Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
MVS Consulting

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2145.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27063

Amount of Each Receipt this Period

85.00

Check Draft

(\$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 141 / 177

(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)

James R. Stephens

Mailing Address 1607 Lower Union Hill Rd

City

Canton

State

GA

Zip Code

30115-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, IncOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9476-P26882

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael R. Stephens

Mailing Address 11515 S 5th PI

City

Jenks

State

OK

Zip Code

74037-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	9	

Transaction ID: 9473

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ames D. Stetzler

Mailing Address 9225 Indian Creek Pkwy

City

Shawnee Mission

State

KS

Zip Code

66210-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Resource Group, An HRH
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 9477-P27258

Amount of Each Receipt this Period

25.00

Credit Card Draft

(\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

Ulrich S. Storz

Mailing Address 987 University Ave Ste 14

City

Los Gatos

State

CA

Zip Code

95032-7640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Storz Insurance Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27308

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27054

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 Monthly)

C.

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 Solution-
s, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27065

Amount of Each Receipt this Period

85.00

Check Draft

(\$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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James F. Summers

Mailing Address 15316 Pine St

City

Omaha

State

NE

Zip Code

68144-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27066

Amount of Each Receipt this Period

125.00

Check Draft

(\$125.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William L Sutherland

Mailing Address 19126 Kristen Way

City

San Antonio

State

TX

Zip Code

78258-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wortham Insurance & Risk
Management

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27495

Amount of Each Receipt this Period

100.00

Credit Card Draft

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ryan R. Swinton

Mailing Address 9931 N 151st St

City

Waverly

State

NE

Zip Code

68462-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27571

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 177

(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)

Casey Tadlock

Mailing Address 90 Castilian Dr Ste 110

City

Goleta

State

CA

Zip Code

93117-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neovia Integrated Insuran-
ce Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26912

Amount of Each Receipt this Period

25.00

Check Draft

(\$25.00 Monthly)

B.

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 Virgin-
ia Insurance

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27549

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27529

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 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 145 / 177

(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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26895

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Helen M. Todd

Mailing Address 54 Belle Meadow Ln

City

Little Rock

State

AR

Zip Code

72210-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Todd Agency, Inc.Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27512

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dave Toeben

Mailing Address 1625 Division St

City

Waite Park

State

MN

Zip Code

56387-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insight Insurance ServicesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27242

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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

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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)

Karen Cornelius Tokarz

Mailing Address 116 Gosling Dr

City

Franklin

State

TN

Zip Code

37064-5048

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross BlueShield of
Tennessee

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27513

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Toups

Mailing Address 4521 Laurel St

City

New Orleans

State

LA

Zip Code

70115-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Insurance Group

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27531

Amount of Each Receipt this Period

35.00

Credit Card Draft

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Janet Trautwein

Mailing Address 7212 Redlac Dr

City

Clifton

State

VA

Zip Code

20124-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1785.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27067

Amount of Each Receipt this Period

170.00

Check Draft

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

C. Louanne Trebing

Mailing Address 1806 Patton Dr

City

Garland

State

TX

Zip Code

75042-8205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trebing Insurance Services

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27068

Amount of Each Receipt this Period

50.00

Check Draft

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Terrie L Trevino

Mailing Address 672 S Tiburon Ave

City

Meridian

State

ID

Zip Code

83642-3590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Idaho

Occupation
Marketing Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27555

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles Trogon

Mailing Address 2950 E Richmond Ave

City

Fresno

State

CA

Zip Code

93720-4977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renberg-Trogon Insurance
Services, I

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27574

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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)
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☒ 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)

Regan Michael Turner

Mailing Address 960 Poplar Ave

City

Boulder

State

CO

Zip Code

80304-0764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Financial Sp-
cialists, I

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27419

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27514

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27515

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27057

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Wendy Vanderwater

Mailing Address 515 W Southwest Loop 323

City

Tyler

State

TX

Zip Code

75701-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Threlkeld & Company Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27384

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert B. Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwind Health Partners

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27069

Amount of Each Receipt this Period

40.00

Check Draft

(\$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

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☒ 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)

Ellen Vickers

Mailing Address 921-C S McPherson Church Rd

City

Fayetteville

State

NC

Zip Code

28303-5368

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26914

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Charles G. Wagner

Mailing Address PO Box 9

City

Burwell

State

NE

Zip Code

68823-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Insurance
Agency, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26968

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Janice Walker

Mailing Address 4019 Cardinal Rd

City

Akron

State

OH

Zip Code

44333-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Designs, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27532

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Rand R. Wall

Mailing Address 1004 Sugardale Ct

City

Sugar Land

State

TX

Zip Code

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27058

Amount of Each Receipt this Period

100.00

Check Draft

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Timothy P. Walsh

Mailing Address 701 Oyster Catcher Dr

City

Hampstead

State

NC

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27077

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City

Arlington

State

VA

Zip Code

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 ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26944

Amount of Each Receipt this Period

85.00

Check Draft

(\$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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Warren

Mailing Address 1109 Princeton Dr

City

Wilmington

State

NC

Zip Code

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 ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26979

Amount of Each Receipt this Period

85.00

Check Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stephen C. Warner

Mailing Address 16110 39th PI N

City

Minneapolis

State

MN

Zip Code

55446-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner & Associates

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27420

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John L. Warwick

Mailing Address PO Box 272

City

Chico

State

CA

Zip Code

95927-0272

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Warwick Insurance Se-
rvices

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27421

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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

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☒ 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)

Mark A Waugh

Mailing Address 125 Powell Rd

City

Newport

State

NC

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27045

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Cecilia La Verne Webb

Mailing Address 8016 Dumas Dr NE

City

Albuquerque

State

NM

Zip Code

87109-5208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lovelace Health Plan

Occupation
Account Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27046

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Charles A Webb

Mailing Address 15 S Jefferson St

City

Roanoke

State

VA

Zip Code

24011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27342

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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
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☒ 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 2108 24th St Ste 2

City

Bakersfield

State

CA

Zip Code

93301-3748

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 ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26887

Amount of Each Receipt this Period

170.00

Check Draft

(\$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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27059

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Wenke

Mailing Address 4703 SE 17th Pl Apt 505

City

Cape Coral

State

FL

Zip Code

33904-8797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutgert Insurance

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27573

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 155 / 177

(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 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 ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P26836

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lisa Wetherton

Mailing Address 376 Overlook Point Drive

City

Dahlonega

State

GA

Zip Code

30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Strategies

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27423

Amount of Each Receipt this Period

20.00

Credit Card Draft

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Richard E. Wheeler

Mailing Address 23 Barclay Dr..

City

Pt. Pleasant

State

NJ

Zip Code

08742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard E. Wheeler Insurance Services

Occupation

Sales agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27424

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 177

(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 H. White

Mailing Address 218 W 6th St

City

Tulsa

State

OK

Zip Code

74119-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
CommunityCare HMO Plans
of OK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Marketing Representative

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26915

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stanley White

Mailing Address 3423 Summerlin Dr

City

Belden

State

MS

Zip Code

38826-9220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stan White & Associates,
Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27511

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dale Whiteis

Mailing Address 7820 S Granite Ave

City

Tulsa

State

OK

Zip Code

74136-8456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whiteis Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26957

Amount of Each Receipt this Period

30.00

Check Draft

(\$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 157 / 177

(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)

Trei Wild

Mailing Address 2745 Dallas Pkwy

City

Plano

State

TX

Zip Code

75093-8731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Employee BenefitsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27386

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

George Williams

Mailing Address 4109 Woodway Dr

City

Monroe

State

LA

Zip Code

71201-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Planning ResourcesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9476-P27044

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michael R Williams

Mailing Address 302 S 36th St Ste 105

City

Omaha

State

NE

Zip Code

68131-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams Deras & AssociatesOccupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27269

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$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 158 / 177

(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)

W. Ray Williams

Mailing Address 114 W Gazebo Ln

City

Savannah

State

GA

Zip Code

31410-3949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashford Advisors, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9477-P27426

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

M. Dwayne Wilson

Mailing Address 203 Chickasaw Trl

City

Maiden

State

NC

Zip Code

28650-9406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dwayne Wilson Insurance
& Financial S

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27048

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Paula L Wilson

Mailing Address 31930 Daniel Way

City

Temecula

State

CA

Zip Code

92591-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paula Wilson, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 9476-P27049

Amount of Each Receipt this Period

85.00

Check Draft

(\$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 159 / 177

(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)

Steven L. Wilson

Mailing Address 808 Penny Ln

City

Lexington

State

KY

Zip Code

40509-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Insurance Marketi-
ngOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27518

Amount of Each Receipt this Period

50.00

Credit Card Draft

(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tammy Winn

Mailing Address 5940 Hartson

City

Kyle

State

TX

Zip Code

78640-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Insurance ServicesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9476-P27050

Amount of Each Receipt this Period

30.00

Check Draft

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Shelly K Winson

Mailing Address 2491 W Binner Dr

City

Chandler

State

AZ

Zip Code

85224-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer
OptumHealth Financial Ser-
vicesOccupation
Business Development Director,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 9477-P27519

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$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 160 / 177

(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)

Harry G. Witsen

Mailing Address 1150 Glenwood Ct

City

Vineland

State

NJ

Zip Code

08361-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Benefit Services

Occupation

RHU, CLU, ChFC, CSA, CLTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27060

Amount of Each Receipt this Period

20.00

Check Draft

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Rosanne Wolfe

Mailing Address 4600 E Swans Nest Rd

City

Tucson

State

AZ

Zip Code

85718-6248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolfe Insurance & Consult-
ants, LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27559

Amount of Each Receipt this Period

10.00

Credit Card Draft

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

DianaLou Wolff

Mailing Address 106 Main St

City

Kingston

State

NY

Zip Code

12401-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Counseling Associ-
ates

Occupation

Group & Health Benefit Special

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27560

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

60.00

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 161 / 177

(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)

SUSANNE WOODWORTH

Mailing Address 1591 Walkers Ridge Rd

City

Powhatan

State

VA

Zip Code

23139-7835

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATHEM

Occupation

ACCT MNGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P26928

Amount of Each Receipt this Period

25.00

Check Draft

(\$25.00 Monthly)

B.

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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9476-P27121

Amount of Each Receipt this Period

10.00

Check Draft

(\$10.00 Monthly)

C.

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, In-
c.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27428

Amount of Each Receipt this Period

85.00

Credit Card Draft

(\$85.00 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 162 / 177

(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)

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-Dau-
gherty Ins.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27520

Amount of Each Receipt this Period

30.00

Credit Card Draft

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert A Ziff

Mailing Address 568 Valleyview Rd

City

Langhorne

State

PA

Zip Code

19047-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avanti Benefits Corp

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 9477-P27391

Amount of Each Receipt this Period

100.00

Credit Card Draft

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

24757.67

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 163 / 177

<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 Mailing Address PO Box 53852	Transaction ID: 9506 Date of Disbursement <div> <div>12</div> <div>02</div> <div>2009</div> </div>
City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Fee Candidate Name 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) ▼	Amount of Each Disbursement this Period <div>220.85</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement FEE Candidate Name 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) ▼	Transaction ID: 9507 Date of Disbursement <div> <div>12</div> <div>29</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>4.95</div>
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Way City Knoxville State TN Zip Code 37920 Purpose of Disbursement FEE Candidate Name 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) ▼	Transaction ID: 9505 Date of Disbursement <div> <div>12</div> <div>02</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>686.05</div>

SUBTOTAL of Disbursements This Page (optional)

911.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 164 / 177

<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

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)

Regions Bank

Mailing Address 6286 N College

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement
Analysis Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 9508

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2009

Amount of Each Disbursement this Period

147.30

SUBTOTAL of Disbursements This Page (optional)

147.30

TOTAL This Period (last page this line number only)

1059.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

BOYD FOR CONGRESS

Mailing Address P.O. Box 15703

City State Zip Code
Tallahassee FL 32317Purpose of Disbursement
Lunch 12.17Candidate Name
F. ALLEN JR. BOYDOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 9467

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City State Zip Code
Wilmington DE 19899Purpose of Disbursement
Dinner 12.15Candidate Name
MICHAEL N CASTLEOffice Sought: ☒ House
☐ Senate
☐ President

State: DE District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 9434

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City State Zip Code
Freedom PA 15042Purpose of Disbursement
Breakfast 12.8Candidate Name
JASON ALTMIREOffice Sought: ☒ House
☐ Senate
☐ President

State: PA District: 04

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 9464

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

COBURN FOR SENATE 2010

Mailing Address POST OFFICE BOX 977

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement

Candidate Name
THOMAS A COBURNOffice Sought: ☐ House
☒ Senate
☐ President

State: OK District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 9479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
VOIDCandidate Name
SUSAN M COLLINSOffice Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 9462

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Amount of Each Disbursement this Period

-2500.00

C.

Full Name (Last, First, Middle Initial)

COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
Dinner 12.2Candidate Name
SUSAN M COLLINSOffice Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 9394

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE, INC. (COUNTRY FIRST PAC)

Mailing Address 228 S. WASHINGTON STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
Lunch 12.10

Candidate Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE, INC. (COUNTRY FIRST PAC)

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 9433

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

DIRIGO PAC

Mailing Address PO Box 1355

City
AlexandriaState
VAZip Code
22313Purpose of Disbursement
Dinner 12.2

Candidate Name

DIRIGO PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 9463

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FEINSTEIN FOR SENATE

Mailing Address 1212 S VICTORY BLVD

City
BURBANKState
CAZip Code
91502Purpose of Disbursement
Dinner 12.8

Candidate Name

DIANNE FEINSTEIN

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 00

Transaction ID: 9430

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) **Transaction ID: 9478**
FREEDOM PROJECT; THE Date of Disbursement

Mailing Address 424 C Street NE

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
Event

011
Category/
Type

2500.00

Candidate Name
FREEDOM PROJECT; THE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Full Name (Last, First, Middle Initial)
FRIENDS OF BLANCHE LINCOLN

Transaction ID: 9432
Date of Disbursement

Mailing Address PO BOX 3197

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

City State Zip Code
LITTLE ROCK AR 72203

Amount of Each Disbursement this Period

Purpose of Disbursement
Breakfast 12.10

011
Category/
Type

1500.00

Candidate Name
BLANCHE LAMBERT LINCOLN

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARROW

Transaction ID: 9465
Date of Disbursement

Mailing Address PO Box 8166

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

City State Zip Code
Savannah GA 31412

Amount of Each Disbursement this Period

Purpose of Disbursement
Breakfast 12.15

011
Category/
Type

2500.00

Candidate Name
JOHN J. BARROW

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

SUBTOTAL of Disbursements This Page (optional)

6500.00

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 PageFOR 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)

GRIFFITH FOR CONGRESS

Mailing Address PO BOX 2916

City
HuntsvilleState
ALZip Code
35804Purpose of Disbursement
Lunch 12.17Candidate Name
PARKER DR. GRIFFITH011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: 9466

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial)

KLEIN FOR CONGRESS

Mailing Address 21301 Powerline Road, Suite 204

City
Boca RatonState
FLZip Code
33431Purpose of Disbursement
Breakfast 12.17Candidate Name
RON KLEIN011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 9436

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

1500.00									
---------	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

MASSACHUSETTS REPUBLICAN STATE CONGRESSIONAL COMMITTEE

Mailing Address 85 MERRIMAC STREET

City
BOSTONState
MAZip Code
02114Purpose of Disbursement
Baker EventCandidate Name
MASSACHUSETTS REPUBLICAN STATE CONGRESSIONAL COMMITTEE011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 9438

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

Amount of Each Disbursement this Period

5000.00									
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SUBTOTAL of Disbursements This Page (optional)

7500.00

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) **MIKE CRAPO FOR US SENATE**

Mailing Address P.O. BOX 1948

City State Zip Code
BOISE ID 83701

Purpose of Disbursement
 Dinner 12.9

Candidate Name
MICHAEL D CRAPO

Office Sought: ☐ House
☒ Senate
☐ President

State: ID District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 9431

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address PO Box 581

City State Zip Code
Brighton MI 48116

Purpose of Disbursement
 Lunch 12.16

Candidate Name
MICHAEL J ROGERS

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 9437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) **SCOTT BROWN FOR US SENATE COMMITTEE**

Mailing Address PO BOX 395

City State Zip Code
WRENTHAM MA 02093

Purpose of Disbursement
 Campaign

Candidate Name
SCOTT P BROWN

Office Sought: ☐ House
☒ Senate
☐ President

State: MA District: 00

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Transaction ID: 9480

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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(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)

SHELBY FOR U S SENATE

Mailing Address POST OFFICE BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement
Lunch 12/16

Candidate Name
RICHARD C SHELBY

Office Sought: ☐ House
☒ Senate
☐ President

State: AL District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 9435

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

STEVE AUSTRIA FOR CONGRESS

Mailing Address 20 S Limestone St Suite 390

City Springfield State OH Zip Code 45502

Purpose of Disbursement
In-District Event 12.4

Candidate Name
STEVE C AUSTRIA

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 07

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 9395

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

32000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Carrie Eubanks

Mailing Address 6012 White Oak Dr

City
North Little RockState
ARZip Code
72118Purpose of Disbursement
contribution refundedCandidate Name
Carrie Eubanks

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 9494

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Cecilia La Verne Webb

Mailing Address 8016 Dumas Dr NE

City
AlbuquerqueState
NMZip Code
87109Purpose of Disbursement
contribution refundedCandidate Name
Cecilia La Verne Webb

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 9503

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Charles P. Rosen

Mailing Address 849 Somera Ct

City
Simi ValleyState
CAZip Code
93065Purpose of Disbursement
contribution refundedCandidate Name
Charles P. Rosen

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 9482

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

85.00

SUBTOTAL of Disbursements This Page (optional)

125.00

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

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Claudia S Ross	Transaction ID: 9481 Date of Disbursement
Mailing Address 5526 Tennyson Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 0 9</div> </div>
City State Zip Code Baton Rouge LA 70817	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded Candidate Name Claudia S Ross	<div> <div>1200.00</div> <div>010 Category/ Type</div> </div>
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) D. Keith Kennedy	Transaction ID: 9497 Date of Disbursement
Mailing Address 359 Wisconsin Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 4 / 2 0 0 9</div> </div>
City State Zip Code Long Beach CA 90814	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded Candidate Name D. Keith Kennedy	<div> <div>10.00</div> <div>010 Category/ Type</div> </div>
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) John Woods	Transaction ID: 9495 Date of Disbursement
Mailing Address 806 Perkinswood Blvd NE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 3 / 2 0 0 9</div> </div>
City State Zip Code Warren OH 44483	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded Candidate Name John Woods	<div> <div>30.00</div> <div>010 Category/ Type</div> </div>
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)

1240.00

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

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Joseph A. Kelliher	Transaction ID: 9493 Date of Disbursement
Mailing Address 24 Sawyer Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 9</div> </div>
City Salem State VA Zip Code 24153	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>30.00</div>
Candidate Name Joseph A. Kelliher	<div>010</div> <div>Category/Type</div>
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) Kelly D. Dills	Transaction ID: 9496 Date of Disbursement
Mailing Address 1303 Grapevine Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 4 / 2 0 0 9</div> </div>
City Allen State TX Zip Code 75002	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>10.00</div>
Candidate Name Kelly D. Dills	<div>010</div> <div>Category/Type</div>
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) Kimberly Dawn Kendall	Transaction ID: 9491 Date of Disbursement
Mailing Address 8 Shady Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 9</div> </div>
City Candler State NC Zip Code 28715	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>10.00</div>
Candidate Name Kimberly Dawn Kendall	<div>010</div> <div>Category/Type</div>
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)

50.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Lacey B. Robinson	Transaction ID: 9504 Date of Disbursement
Mailing Address 520 Indiana Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 4 / 2 0 0 9</div> </div>
City Indianapolis State IN Zip Code 46202	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>10.00</div>
Candidate Name Lacey B. Robinson	<div>010</div> <div>Category/Type</div>
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) Ronald L. Gay	Transaction ID: 9499 Date of Disbursement
Mailing Address 3000 Briarcrest Dr Ste 422	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 4 / 2 0 0 9</div> </div>
City Bryan State TX Zip Code 77802	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>84.00</div>
Candidate Name Ronald L. Gay	<div>010</div> <div>Category/Type</div>
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) Shannan L Phillips	Transaction ID: 9501 Date of Disbursement
Mailing Address 802 N Carancahua St Ste 1700	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 9</div> </div>
City Corpus Christi State TX Zip Code 78470	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>10.00</div>
Candidate Name Shannan L Phillips	<div>010</div> <div>Category/Type</div>
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)

104.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Sharon Edwards Mailing Address 740 W Pine St	Transaction ID: 9502 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 4 / 2 0 0 9</div> </div>
City Canton State IL Zip Code 61520 Purpose of Disbursement contribution refunded Candidate Name Sharon Edwards Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>10.00</div> <div>010</div> Category/Type
B. Full Name (Last, First, Middle Initial) Terri L. Howard Mailing Address 4084 River Valley Rd W City Jacksonville State FL Zip Code 32277 Purpose of Disbursement contribution refunded Candidate Name Terri L. Howard Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9492 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <div>010</div> Category/Type
C. Full Name (Last, First, Middle Initial) Tessa K Shouse Mailing Address 110 W 7th St Ste 2520 City Tulsa State OK Zip Code 74119 Purpose of Disbursement contribution refunded Candidate Name Tessa K Shouse Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9500 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <div>010</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

30.00

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 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)

Thomas F. Cottar

Mailing Address 1204 Mesquite St

City
Baytown

State
TX

Zip Code
77521

Purpose of Disbursement
contribution refunded

Candidate Name
Thomas F. Cottar

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 9498

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2009

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

30.00

TOTAL This Period (last page this line number only)

1579.00