

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="88834.18"/>	<input type="text" value="88834.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="92436.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37487.79"/>	<input type="text" value="187126.41"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="129924.46"/>	<input type="text" value="275960.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27504.16"/>	<input type="text" value="173540.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="102420.30"/>	<input type="text" value="102420.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: 04 / 01 / 2013 To: 04 / 30 / 2013

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).....	15313.66	80753.95
(ii) Unitemized	19174.09	103372.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34487.75	184126.29
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34487.75	184126.29
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.04	0.12
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	37487.79	187126.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37487.79	187126.41

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2004.16	9000.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2004.16	9000.29
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	164500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	40.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	40.00
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27504.16	173540.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27504.16	173540.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	34487.75	184126.29
34. Total Contribution Refunds (from Line 28(d))	0	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34487.75	184086.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2004.16	9000.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2004.16	9000.29

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mark K. Ackerman
Full Name (Last, First, Middle Initial)

Mailing Address 1600 St. Julian Place

City Columbia State SC Zip Code 29204

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

Name of Employer IMG Benefits Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72203

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Jeff Ahrendsen
Full Name (Last, First, Middle Initial)

Mailing Address 111 S Tejon St., Suite 113

City Colorado Springs State CO Zip Code 80903

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

Name of Employer Benefit Resources, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72460

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

C. Terry Allard
Full Name (Last, First, Middle Initial)

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72518

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 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: (check only one)	PAGE 7 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Elizabeth Ashmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ashmore & Associates Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72850
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Rick D. Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 4390 Earney Road, Suite 240
 City Woodstock State GA Zip Code 30188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rick Bailey & Company, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72210
 Amount of Each Receipt this Period 135.00
 Payroll Deduction (\$135.00 Monthly)

C. Kathryn A. Beals
 Full Name (Last, First, Middle Initial)
 Mailing Address 1277 Deming Way
 City Madison State WI Zip Code 53717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dean Health Plan Occupation Director Group Retention
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72731
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	475.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Marie D. Bell
Full Name (Last, First, Middle Initial)

Mailing Address 701 4th Ave S. #1500

City State Zip Code
Minneapolis MN 55415

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

Name of Employer Occupation
DeRuyter Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2013

Transaction ID : 14725-P72732

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address P.O. Box 56149

City State Zip Code
Sherman Oaks CA 91413

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

Name of Employer Occupation
Genesis Financial & Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2013

Transaction ID : 14725-P72939

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

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

Mailing Address 6510 N. Shadeland Avenue

City State Zip Code
Indianapolis IN 46220

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2013

Transaction ID : 14725-P72683

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$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: (check only one)	PAGE 9 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Thomas Besselman

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City	State	Zip Code
Baton Rouge	LA	70808

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

Name of Employer	Occupation
Gallagher Benefit Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 14724-P72367

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. James P Better

Mailing Address 11 Summer Street, Suite 6

City	State	Zip Code
Chelmsford	MA	01824

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

Name of Employer	Occupation
New England Medical Insurance Agency	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 14724-P71937

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 205 E. Warm Springs Rd., Suite 108

City	State	Zip Code
Las Vegas	NV	89119

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

Name of Employer	Occupation
National Healthcare Access Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 14724-P72526

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	435.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James C. Bosier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 Transaction ID : 14724-P72179
Mailing Address 602 Main Street		Amount of Each Receipt this Period 85.00
City Cedar Falls	State IA	Zip Code 50613
FEC ID number of contributing federal political committee. C	Name of Employer The Accel Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Victoria J. Braden		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 Transaction ID : 14725-P72765
Mailing Address 5726 Fairley Hall Court		Amount of Each Receipt this Period 250.00
City Norcross	State GA	Zip Code 30092
FEC ID number of contributing federal political committee. C	Name of Employer Braden Benefit Strategies, Inc	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Payroll Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) C. Belinda Brooks		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 Transaction ID : 14724-P72064
Mailing Address PO Box 460		Amount of Each Receipt this Period 72.00
City Luckey	State OH	Zip Code 43443
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Driven Concepts, L.L.C.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	407.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patrick Burns		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72529
Mailing Address 5653 Maxwellton Road		Amount of Each Receipt this Period 85.00
City Oakland	State CA	Zip Code 94618
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Burns Employee Benefits Insurance Ser	Occupation Managing Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Joseph W. Buyalos		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P71972
Mailing Address 9713 Key West Ave, Suite 401		Amount of Each Receipt this Period 85.00
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer The Insurance Exchange, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Kareim R. Cade		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14725-P72687
Mailing Address 28411 Northwestern Hwy., Ste 950		Amount of Each Receipt this Period 85.00
City Southfield	State MI	Zip Code 48034
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Great Lakes Benefit Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David A. Cagliola			Date of Receipt
Mailing Address 1500 Liberty Ridge Drive, Suite 3			<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 14724-P71973
Wayne	PA	19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		Payroll Deduction
Radnor Benefits Group, Inc.	Senior Vice President		
Receipt For:	Aggregate Year-to-Date ▼		(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Louie L. Cason			Date of Receipt
Mailing Address PO Box 11229			<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 14724-P72227
Columbia	SC	29211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		Payroll Deduction
The Cason Group, Inc.	Broker		
Receipt For:	Aggregate Year-to-Date ▼		(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mike R. Castleberry			Date of Receipt
Mailing Address 506 Holly St			<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 14724-P72377
Little Rock	AR	72205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		Payroll Deduction
HealthSCOPE Benefits	President		
Receipt For:	Aggregate Year-to-Date ▼		(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="258.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="255.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Russell B. Childers		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72228
Mailing Address PO Box 1547		Amount of Each Receipt this Period 90.00
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$90.00 Monthly)
Name of Employer Russ Childers, CLU	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) B. Dorothy M. Cociu		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72534
Mailing Address P.O. Box 6677		Amount of Each Receipt this Period 85.00
City Fullerton	State CA	Zip Code 92834
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Advanced Benefit Consulting & Insuran	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Teresa Conto		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14725-P72663
Mailing Address 15800 Crabbs Branch Way #350		Amount of Each Receipt this Period 85.00
City Rockville	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Independent Benefit Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Troy J. Cook
Full Name (Last, First, Middle Initial)

Mailing Address 6428 Wilcot Ct.

City Johnston State IA Zip Code 50131

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

Name of Employer Marsh U.S. Consumer Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : **14725-P72737**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

B. Catherine L. Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi State MI Zip Code 48375-

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

Name of Employer Health Alliance Administrators Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **301.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : **14724-P72073**

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

C. Steven G. Cosby
Full Name (Last, First, Middle Initial)

Mailing Address 53 South 3rd Street Ste 220

City Warrenton State VA Zip Code 20186

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

Name of Employer Cosby Insurance Group Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : **14724-P71976**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **212.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Reed Damron
Full Name (Last, First, Middle Initial)

Mailing Address 5880 Live Oak Parkway, Suite 250

City Norcross	State GA	Zip Code 30093
------------------	-------------	-------------------

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

Name of Employer HIRE Benefits, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72235

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Johnny Lee Dawkins
Full Name (Last, First, Middle Initial)

Mailing Address 921-C S. McPherson Church Road

City Fayetteville	State NC	Zip Code 28305
----------------------	-------------	-------------------

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

Name of Employer Ebenconcepts	Occupation Broker/Consultant
----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72237

Amount of Each Receipt this Period

100.00

Payroll Deduction
 (\$100.00 Monthly)

C. Teresa F. DeBruin
Full Name (Last, First, Middle Initial)

Mailing Address 5880 Live Oak Parkway Suite 230

City Norcross	State GA	Zip Code 30093
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72238

Amount of Each Receipt this Period

42.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	227.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Rush David Dixon		Date of Receipt
Mailing Address 15200 Omega Drive, #100		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockville	MD	20850
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 14724-P71980
Name of Employer	Occupation	Amount of Each Receipt this Period
Early Cassidy and Schilling	VP of Employee Benefits	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="465.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steve H. Dodder		Date of Receipt
Mailing Address PO Box 2069		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Monument	CO	80132
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 14724-P72471
Name of Employer	Occupation	Amount of Each Receipt this Period
Assurant Health	Regional Sales Director	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt
Mailing Address 201 Evans Road Building 3, Suite		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Harahan	LA	70123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 14724-P72389
Name of Employer	Occupation	Amount of Each Receipt this Period
LouisianaBenefits.com	Broker	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="381.67"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="255.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John G. Fagen		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72080
Mailing Address PO Box 19		Amount of Each Receipt this Period 25.00
City Demotte	State IN	Zip Code 46310-
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Monthly)	
Name of Employer Financial Arts Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Nicole Fairbairn		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72082
Mailing Address 8069 Little Circle Road		Amount of Each Receipt this Period 30.00
City Noblesville	State IN	Zip Code 46060
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Creative Insurance Concepts, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) C. Cheryl S. Farmer		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72083
Mailing Address 5010 Carrage Dr		Amount of Each Receipt this Period 85.00
City Evansville	State IN	Zip Code 47716
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Health Resources Inc.	Occupation Regional Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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: (check only one)	PAGE 18 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey R Fishback
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Johnson Ferry Road Building C
 City Marietta State GA Zip Code 30068-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P7252
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

B. Barry J. Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 7343 El Camino Real
 City Atascadero State CA Zip Code 93422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barry J. Fisher Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P72547
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

C. Kelly Don Fristoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 8th Street, Suite 300
 City Wichita Falls State TX Zip Code 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Financial Partners Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **820.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14725-P72867
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michelle Fuller
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Thompson Park P.O. Box 1976
 City Hattiesburg State MS Zip Code 39403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BancorpSouth Insurance Services, Inc. Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72256
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Joan L. Galletta
 Full Name (Last, First, Middle Initial)
 Mailing Address 3342 Kori Road
 City Jacksonville State FL Zip Code 32257-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JP Perry Insurance, Inc. Occupation Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72257
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. James S. Garbina
 Full Name (Last, First, Middle Initial)
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Harry A. Koch Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72742
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Charles T. Gartlan
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Tarworth Terrace
 City Manchester State NJ Zip Code 08759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson, Reid & Co. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P71990
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

B. Jeffrey Wm. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd Ste 141, P
 City Glendale State AZ Zip Code 85310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Insurance Brokers, Inc. Occupation Pres.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72475
 Amount of Each Receipt this Period 78.00
 Payroll Deduction (\$78.00 Monthly)

C. Julie Reno George
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 25172
 City Winston Salem State NC Zip Code 27114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegacy FCU Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72261
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 263.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 810 Dutch Square Blvd., Suite 115

City	State	Zip Code
Columbia	SC	29210

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

Name of Employer	Occupation
Gibson & Associates	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72262

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 113 Seaboard Lane, Suite C-170

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Cowan Benefit Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72263

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 442 Teaneck Rd.

City	State	Zip Code
Ridgefield Park	NJ	07660

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

Name of Employer	Occupation
The Employee Benefits Advisors Group	Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P71945

Amount of Each Receipt this Period

60.00

Payroll Deduction
 (\$60.00 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: (check only one)	PAGE 22 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Arthur Granado

Mailing Address 418 Peoples, # 505

City State Zip Code
Corpus Christi TX 78401

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

Name of Employer Occupation
The Granado Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 23 / 2013
Transaction ID : 14725-P72872

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 233 South 13th Street, Suite 1650

City State Zip Code
Lincoln NE 68508

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

Name of Employer Occupation
The Harry A. Koch Co Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 23 / 2013
Transaction ID : 14725-P72744

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Patricia A. Griffey

Mailing Address 53800 Generations Drive

City State Zip Code
South Bend IN 46635

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

Name of Employer Occupation
Page 1 Benefits, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 23 / 2013
Transaction ID : 14724-P72093

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Craig Gussin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4330 La Jolla Village Dr.,# 330
 City San Diego State CA Zip Code 92122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auerbach & Gussin Insurance and Finan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72558
 Amount of Each Receipt this Period 95.00
 Payroll Deduction (\$95.00 Monthly)

B. Teresa Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 River Dance Dr.
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JBA Benefits, Inc. Occupation President/Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72266
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Christopher S. Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 921-C South McPherson Church Road
 City Fayetteville State NC Zip Code 28303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ebenconcepts Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1640.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72268
 Amount of Each Receipt this Period 410.00
 Payroll Deduction (\$410.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	590.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Judith A Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 1802 West Crescent Drive

City Odessa	State TX	Zip Code 79761-
----------------	-------------	--------------------

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

Name of Employer Hayes Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2013

Transaction ID : 14688

Amount of Each Receipt this Period
500.00

B. Hedy S Hebert
Full Name (Last, First, Middle Initial)
Mailing Address 550 Boardwalk Blvd.

City Bossier City	State LA	Zip Code 71111
----------------------	-------------	-------------------

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

Name of Employer Benefit Consulting Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72401

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Dan M. Heffley
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 50031

City Henderson	State NV	Zip Code 89016
-------------------	-------------	-------------------

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

Name of Employer Employer Benefit Source, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72564

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	615.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012

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

Name of Employer Business Planning Group Of OK Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14725-P72880

Amount of Each Receipt this Period **100.00**

Payroll Deduction
(\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Thomas L. Henry

Mailing Address 19310 Sonoma Highway, #A

City Sonoma State CA Zip Code 95476

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

Name of Employer RealCare Insurance Marketing, Inc. Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72565

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. William Hepscher

Mailing Address 38176 Medical Center Avenue

City Zephyrhills State FL Zip Code 33540

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

Name of Employer The Canadian Drugstore Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72269

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 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: (check only one)	PAGE 26 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Al Hombroek
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Lumpkin St, Suite D
 City Lawrenceville State GA Zip Code 30046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multiple Benefits Corporation Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P72273
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

B. Kymberly J. Hopwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Water Street, 7th Floor
 City Oakland State CA Zip Code 94607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dealey, Renton & Associates Occupation Account Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P72568
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

C. Julie A. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Faunce Corner Rd Bldg 100, Su
 City Dartmouth State MA Zip Code 02747
 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 **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P71947
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **255.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Cerrina Jensen		Date of Receipt
Mailing Address 2520 Venture Oaks Way #240		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sacramento	CA	95833
FEC ID number of contributing federal political committee.		Transaction ID : 14725-P72947
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction
Armstrong @ Associates	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$42.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="331.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David S. Johnson		Date of Receipt
Mailing Address 1482 Baron Court		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Stone Mountain	GA	30087
FEC ID number of contributing federal political committee.		Transaction ID : 14724-P72279
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Payroll Deduction
David S. Johnson Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	(\$250.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Suzanne K. Johnson		Date of Receipt
Mailing Address 6235 Morrison Boulevard, Suite 302		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28211
FEC ID number of contributing federal political committee.		Transaction ID : 14724-P72278
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction
Strategic Employee Benefit Services	President	
Receipt For:	Aggregate Year-to-Date ▼	(\$42.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="668.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="334.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P.O. Drawer K-1630 507 Avenue G

City Levelland State TX Zip Code 79336

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

Name of Employer George R. Keeling Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14725-P72884

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. Tamara P. Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 7740 N. 16th Street, #110

City Phoenix State AZ Zip Code 85020-

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

Name of Employer Rogers Benefit Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **925.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72479

Amount of Each Receipt this Period **200.00**

Payroll Deduction
(\$200.00 Monthly)

C. John Kiebler
Full Name (Last, First, Middle Initial)

Mailing Address 300 W Vine St Ste 1600

City Lexington State KY Zip Code 40507

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

Name of Employer Humana Occupation CHC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72112

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **370.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Linda Rose Koehler		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14725-P72949
Mailing Address 235 Main St		Amount of Each Receipt this Period 85.00
City Pleasanton State CA Zip Code 94566-	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Herzog Insurance Agency Occupation Health Benefits Insurance Producer	Aggregate Year-to-Date 465.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Eric Kohlsdorf		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14725-P72749
Mailing Address 1501 Ingersoll Ave Suite 200		Amount of Each Receipt this Period 50.00
City Des Moines State IA Zip Code 50309	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
Name of Employer Prisma Strategies Occupation President	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel C LaBroad		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72407
Mailing Address 6315 Crested Butte Drive		Amount of Each Receipt this Period 85.00
City Dallas State TX Zip Code 75252	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Ovation Health & Life Services, Inc. Occupation President	Aggregate Year-to-Date 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Karen B. Leonard

Mailing Address 435 Washington Street PO Box 50

City Hackettstown	State NJ	Zip Code 07840
----------------------	-------------	-------------------

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

Name of Employer Leonard Financial Group, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72007

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 220 Emerson Place

City Davenport	State IA	Zip Code 52801
-------------------	-------------	-------------------

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

Name of Employer Gallagher Benefit Services, Inc.	Occupation Area Vice President
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72189

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Juan R. Lopez

Mailing Address 1851 E. First, #1100

City Santa Ana	State CA	Zip Code 92705
-------------------	-------------	-------------------

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

Name of Employer Kaiser Permanente	Occupation Area Director
---------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72578

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Maurice Lyons		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P71951
Mailing Address 301 Madison Avenue, 4th Floor		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. C	Name of Employer The Medical Link, Inc.	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	
		Payroll Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) B. Benji Marrs		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72122
Mailing Address 1151 Red Mile Rd		Amount of Each Receipt this Period 85.00
City Lexington	State KY	Zip Code 40504
FEC ID number of contributing federal political committee. C	Name of Employer Benefit Insurance Marketing	Occupation Benefit Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Michael E. Matznick		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72299
Mailing Address 3300 Battleground Ave., #320		Amount of Each Receipt this Period 100.00
City Greensboro	State NC	Zip Code 27410
FEC ID number of contributing federal political committee. C	Name of Employer EbenConcepts Company	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	435.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John R. McConaughey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JRM & Associates Agency, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 356.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72126
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Ward McKalson
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 E Blanco Rd., Ste 103
 City Salinas State CA Zip Code 93901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Central Coast Insurance Servi Occupation Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72585
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Brian McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Elm Street, Suite 301
 City Manchester State NH Zip Code 03101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Granite Group Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P71953
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 212.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel W. McMahon
Full Name (Last, First, Middle Initial)

Mailing Address 501 N. Riverpoint Blvd., Ste 125

City Spokane State WA Zip Code 99202-

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

Name of Employer PayneWest Insurance Occupation Benefits Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : **14724-P72586**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

B. Mary M. Mengason
Full Name (Last, First, Middle Initial)

Mailing Address 312 E. Main Street

City Salisbury State MD Zip Code 21802

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

Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : **14724-P72014**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 80 Business Park Drive Ste 306

City Armonk State NY Zip Code 10504

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

Name of Employer Michaels & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : **14724-P71954**

Amount of Each Receipt this Period **250.00**

Payroll Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **420.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey R. Miles
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Wallace Ln
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Miles Organization, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72588
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Dennis F. Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Drive Suite D
 City Madison State MS Zip Code 39110
 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 ▼ 450.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72801
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

C. Ray M. Musser
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 North Second Avenue, Suite E
 City Upland State CA Zip Code 91786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ray Musser & Associates Insurance Ser Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72590
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John J. Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 32110 Agoura Rd
 City Westlake Village State CA Zip Code 91361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warner Pacific Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72591
 Amount of Each Receipt this Period 416.66
 Payroll Deduction (\$416.66 Monthly)

B. Krista Palmer-Voyce
 Full Name (Last, First, Middle Initial)
 Mailing Address 4851 LBJ FWY, Ste 100
 City Dallas State TX Zip Code 75244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BenefitMall Occupation Carrier Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72426
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. John C. Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Laurel Hill Drive
 City Niantic State CT Zip Code 06357
 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 ▼ 525.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72660
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 546.66
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jesse A. Patton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associations Marketing Group, Inc. Occupation CEO/President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72192
 Amount of Each Receipt this Period 350.00
 Payroll Deduction (\$350.00 Monthly)

B. Ross W. Pendergraft
 Full Name (Last, First, Middle Initial)
 Mailing Address 21600 Oxnard Street, 8th Floor
 City Woodland Hills State CA Zip Code 91367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USI Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72596
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Juna M. Penney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2091 Shepherdia Drive
 City Anchorage State AK Zip Code 99508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health & Services Alaska Occupation Region Manager, Payer Relation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72597
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 520.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Paige W. Phillips		Date of Receipt
Mailing Address 1434 Hwy 301		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Calera	AL	35040
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 14724-P72317
Benefit Partners, LLC	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="254.00"/>	<input type="text" value="85.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Tom G. Polenzani		Date of Receipt
Mailing Address 3452 E. Foothill Blvd. #514		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pasadena	CA	91107
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 14724-P72599
Polenzani Benefits & Ins. Svcs., Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="680.00"/>	<input type="text" value="170.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$170.00 Monthly)

Full Name (Last, First, Middle Initial) C. Robert P. Poli		Date of Receipt
Mailing Address 6101 Executive Boulevard, Suite 1		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockville	MD	20852
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 14724-P72025
Insurance Marketing Center, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>	<input type="text" value="85.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="340.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 62
<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. Kathy M. Rainwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 West Southwest Loop 323
 City Tyler State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14725-P72896
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Susan Maley Rash
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 West Laburnum Avenue, Suite
 City Richmond State VA Zip Code 23227
 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 **680.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P72027
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction (\$170.00 Monthly)

C. Michael Reddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 13800 Jackson Road
 City Mishawaka State IN Zip Code 46544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keystone Insurers Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P72141
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. R Dane Rianhard
Full Name (Last, First, Middle Initial)
Mailing Address 1 E. Pratt St., Unit 902
City Baltimore State MD Zip Code 21202
FEC ID number of contributing federal political committee. **C**
Name of Employer FranklinMorris Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72029
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Shan Ricketts
Full Name (Last, First, Middle Initial)
Mailing Address 736 Johnson Ferry Road Building C
City Marietta State GA Zip Code 30068
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 ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72322
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Michael A. Rivera
Full Name (Last, First, Middle Initial)
Mailing Address 12200 Northwest Frwy, Suite 662
City Houston State TX Zip Code 77092
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwest General Insurance Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72433
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph K. Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82nd St., #B
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. C
 Name of Employer Midlands Financial Benefits Occupation Registered Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 680.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72753
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. William T. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 E Palm Canyon Dr, Ste 110 -
 City Palm Springs State CA Zip Code 92264
 FEC ID number of contributing federal political committee. C
 Name of Employer Palm Canyon Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72957
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Mark Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 14432 SE Eastgate Way Ste 400
 City Bellevue State WA Zip Code 98007
 FEC ID number of contributing federal political committee. C
 Name of Employer The Partners Group Occupation Vice President Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 680.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72607
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

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: (check only one)	PAGE 41 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Francis A. Ruggiero		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 Transaction ID : 14724-P72033
Mailing Address 15 Kennedy Drive		Amount of Each Receipt this Period 85.00
City Budd Lake	State NJ	Zip Code 07828
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Slattery GA a division of Bollinger	Occupation Director of Broker Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Stephen J. Salamon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 Transaction ID : 14724-P72034
Mailing Address P.O. Box 4252		Amount of Each Receipt this Period 85.00
City Timonium	State MD	Zip Code 21094
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Health Plan Headquarters	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) C. Raymer M. Sale		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 Transaction ID : 14724-P72327
Mailing Address 2905 Premiere Parkway Suite 285		Amount of Each Receipt this Period 170.00
City Duluth	State GA	Zip Code 30097
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$170.00 Monthly)
Name of Employer E2E Benefits Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rose P. Sandoval
Full Name (Last, First, Middle Initial)

Mailing Address One Griffin Brook Drive

City Methuen State MA Zip Code 01844

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

Name of Employer Borislow Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2013

Transaction ID : 14724-P71959

Amount of Each Receipt this Period
100.00

Payroll Deduction
 (\$100.00 Monthly)

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

Mailing Address PO Box 21533

City Winston Salem State NC Zip Code 27120

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

Name of Employer self Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2013

Transaction ID : 14724-P72330

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Chad P. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Michelson Drive Suite 1150

City Irvine State CA Zip Code 92612

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

Name of Employer Aflac Pacific Territory Occupation Business Development Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2013

Transaction ID : 14724-P72609

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 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: (check only one)	PAGE 43 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alan R. Schulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7361 Calhoun Place, Ste 550
 City Derwood State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Benefits & Advisors Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **405.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P72036
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Matt B. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 Breckenridge Lane
 City Louisville State KY Zip Code 40220-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schwartz & Associates dba Schwartz In Occupation President/Strategic Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P72147
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Ron Segal
 Full Name (Last, First, Middle Initial)
 Mailing Address 23901 Calabasas Road, # 1021
 City Calabasas State CA Zip Code 91302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ron Segal Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 14724-P72610
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$60.00 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: (check only one)	PAGE 44 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Gregory J. Seifert

Mailing Address PO Box 189 916 Main Street

City Vancouver State WA Zip Code 98666

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

Name of Employer Biggs Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72611

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Steven Selinsky

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331

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

Name of Employer BeneSys, Inc Occupation Director of Sales and Marketin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **259.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72149

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Robert Walter Sidney

Mailing Address 1258 S. Washington Ave. P.O. Box

City Saginaw State MI Zip Code 48605-

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

Name of Employer Saginaw Bay Underwriters Occupation Sr. V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 18 / 2013**

Transaction ID : 14714

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **462.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Desmond X. Slattery
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Route 34 Blvd. 1, # 102
 City Wall State NJ Zip Code 07719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Slattery GA Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72042
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Frank J Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 1559
 City Wheaton State IL Zip Code 60189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Insurance Underwriters, Inc. Occupation Senior Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72157
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Gregory S. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 Woodlawn Road PO Box 370
 City Lincoln State IL Zip Code 62656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group Marketing Services Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72158
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Myron D. Smith		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72613
Mailing Address PO Box 56149		Amount of Each Receipt this Period 85.00
City Sherman Oaks	State CA	Zip Code 91413
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Genesis Financial Insurance Services	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Paul E. Smith		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P71961
Mailing Address 100 Queen Street		Amount of Each Receipt this Period 125.00
City Southington	State CT	Zip Code 06489
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$125.00 Monthly)
Name of Employer AmeriBen Alliance, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. James Randall Southard		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72340
Mailing Address 300 N. Greene St., 6th Floor		Amount of Each Receipt this Period 65.00
City Greensboro	State NC	Zip Code 27401
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$65.00 Monthly)
Name of Employer Wells Fargo Insurance Services USA, I	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. William Craig Splawn		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14724-P72444
Mailing Address 800 Avenue C		Amount of Each Receipt this Period 50.00
City Katy	State TX	Zip Code 77493
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)	
Name of Employer Splawn & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Eugene A. Starks		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14725-P72832
Mailing Address 613 Crescent Circle Suite 201		Amount of Each Receipt this Period 120.00
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$120.00 Monthly)	
Name of Employer Benefit Administration Services, Ltd.	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. James R. Stenger		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 Transaction ID : 14725-P72834
Mailing Address 8926 Crown Colony Boulevard		Amount of Each Receipt this Period 170.00
City Fort Myers	State FL	Zip Code 33908-
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer MVS Consulting Group	Occupation Leadership Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 62
<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. Marilyn A. Stenger
Full Name (Last, First, Middle Initial)

Mailing Address 8926 Crown Colony Blvd

City Ft. Myers State FL Zip Code 33908

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

Name of Employer MVS Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 14725-P72833

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

B. James F. Summers
Full Name (Last, First, Middle Initial)

Mailing Address 8420 West Dodge Road, 5th Floor

City Omaha State NE Zip Code 68114

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

Name of Employer Senior Market Sales, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 14725-P72756

Amount of Each Receipt this Period
 125.00

Payroll Deduction
 (\$125.00 Monthly)

C. William L. Sutherland
Full Name (Last, First, Middle Initial)

Mailing Address P.O Box 795008 131 Interpark Blvd.

City San Antonio State TX Zip Code 78279

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

Name of Employer Wortham Insurance & Risk Management Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 14724-P72447

Amount of Each Receipt this Period
 100.00

Payroll Deduction
 (\$100.00 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: (check only one)	PAGE 49 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tom Swayne
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 31029

City Charleston State SC Zip Code 29417

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

Name of Employer David M. Gilston Insurance Agency, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72344

Amount of Each Receipt this Period **100.00**

Payroll Deduction **(\$100.00 Monthly)**

B. Ryan R. Swinton
Full Name (Last, First, Middle Initial)

Mailing Address 7101 S. 82 St.

City Lincoln State NE Zip Code 68516

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

Name of Employer Midlands Financial Benefits Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72196

Amount of Each Receipt this Period **85.00**

Payroll Deduction **(\$85.00 Monthly)**

C. Marsha Tellesbo
Full Name (Last, First, Middle Initial)

Mailing Address 1001 4th Avenue, Suite 3200

City Seattle State WA Zip Code 98154

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

Name of Employer Tellesbo & Company Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt **04 / 23 / 2013**

Transaction ID : 14724-P72618

Amount of Each Receipt this Period **85.00**

Payroll Deduction **(\$85.00 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: (check only one)	PAGE 50 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 22850 Crenshaw Blvd., # 206

City Torrance	State CA	Zip Code 90505
------------------	-------------	-------------------

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

Name of Employer California Health Plans	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72620

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Harry P. Thal
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2137

City Kernville	State CA	Zip Code 93238
-------------------	-------------	-------------------

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

Name of Employer Harry P. Thal Insurance Agency	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14724-P72621

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address #1 Galleria Blvd, Suite 1224

City Metairie	State LA	Zip Code 70001
------------------	-------------	-------------------

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

Name of Employer Humana	Occupation Broker
----------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 14725-P72909

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Janet Trautwein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005
 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 ▼ 680.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72678
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Rand R. Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 12603 Southwest Freeway. Suite 620
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lone Star Health Plans, Ltd. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72914
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

C. Jessica F Waltman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Doyle Rd
 City Wayne State PA Zip Code 19087-3903
 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 ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72963
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 355.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John L. Warwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Warwick Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72623
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Dan Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 Office Park Drive Suite 350
 City Bakersfield State CA Zip Code 93309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Webb Insurance Group Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14725-P72960
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

C. Trei Wild
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 Hearst Castle Way
 City Plano State TX Zip Code 75025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corvesta Services Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72456
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mike Williams

Mailing Address 10040 Regency Circle Ste. 345

City Omaha	State NE	Zip Code 68114
---------------	-------------	-------------------

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

Name of Employer Williams Deras Associates, Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 14724-P72201

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Paula L. Wilson

Mailing Address 31930 Daniel Way

City Temecula	State CA	Zip Code 92559
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FEC ID number of contributing federal political committee. **C**

Name of Employer Paula Wilson, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 14725-P72962

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Thomas R. Wilson

Mailing Address 701 Lamar

City Wichita Falls	State TX	Zip Code 76301
-----------------------	-------------	-------------------

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

Name of Employer Boley Featherston Insurance Agency	Occupation Benefits Consusltant/Sales
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 14724-P72457

Amount of Each Receipt this Period
55.00

Payroll Deduction
(\$55.00 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: (check only one)	PAGE 54 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rosanne Wolfe
Full Name (Last, First, Middle Initial)

Mailing Address 4600 East Swans Nest Road

City Tucson State AZ Zip Code 85718

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

Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72516

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Dennis E. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Chestnut Hills Pky

City Fort Wayne State IN Zip Code 46814

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

Name of Employer Employee Plans, LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72173

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Shannon Zajec
Full Name (Last, First, Middle Initial)

Mailing Address 1420 E. Roseville Pkwy

City Roseville State CA Zip Code 95661

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

Name of Employer Employers Select Insurance Services I Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 14724-P72628

Amount of Each Receipt this Period 10.00

Payroll Deduction (\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	15313.66

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 62
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. CHAMBLISS FOR SENATE		Date of Receipt
Mailing Address POST OFFICE BOX 12469		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City ATLANTA	State GA	Zip Code 30355
FEC ID number of contributing federal political committee. C C00266932		Transaction ID : 14706
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="3000.00"/>
		<input type="text" value="3000.00"/>

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/>

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2013

Transaction ID : 14733

Amount of Each Disbursement this Period

489.17

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2013

Transaction ID : 14734

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchants Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2013

Transaction ID : 14732

Amount of Each Disbursement this Period

1507.04

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

2004.16

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

2004.16

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. BILL OWENS FOR CONGRESS (P)

Mailing Address PO BOX 1575

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

WILLIAM OWENS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 21

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : 14697

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS (P)

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

BILLY LONG

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 07

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : 14696

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS (P)

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

CHRISTOPHER CARL COLLINS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 27

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : 14698

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. DEFAZIO FOR CONGRESS

Mailing Address PO BOX 1316

City SPRINGFIELD State OR Zip Code 97477

Purpose of Disbursement
DC Event

011

Candidate Name

PETER A DEFAZIO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	3

Transaction ID : 14709

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Mailing Address 22 W. PADONIA ROAD

City TIMONIUM State MD Zip Code 21093

Purpose of Disbursement
Local Event

011

Candidate Name

C.A. DUTCH RUPPERSBERGER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Transaction ID : 14680

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Top of the Hill Reception

011

Candidate Name

JOE HECK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AK District: 03

Date of Disbursement

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

Transaction ID : 14740

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

[MEMO ITEM]
as originally reported

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

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

3	0	0	0	0	0	0	0	0	0

3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK (P)

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
test

005

Category/
Type

Candidate Name
JOE HECK

Office Sought: House
 Senate
 President
State: AK District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : 14741

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]
redesignated

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARROW

Mailing Address PO BOX 1001

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
JOHN J. BARROW

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2013

Transaction ID : 14720

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name
MARK ROBERT WARNER

Office Sought: House
 Senate
 President
State: VA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2013

Transaction ID : 14681

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DC Event

011

Candidate Name

PATRICK JOSEPH TOOMEY

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2013

Transaction ID : 14719

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address PO BOX 335

City CALHOUN State GA Zip Code 30703

Purpose of Disbursement
GA Event

011

Candidate Name

JOHN THOMAS MR. JR. GRAVES

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2013

Transaction ID : 14676

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JASON SMITH FOR CONGRESS (P)

Mailing Address PO BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
DC Event

011

Candidate Name

JASON SMITH

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2013

Transaction ID : 14707

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. LARSON FOR CONGRESS

Mailing Address PO BOX 479

City State Zip Code
GLASTONBURY CT 06033

Purpose of Disbursement
DC Event

011

Candidate Name

JOHN B LARSON

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 14718

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC (P)

Mailing Address PO BOX 13026

City State Zip Code
AUSTIN TX 78711

Purpose of Disbursement
Local Event

011

Candidate Name

JOHN CORNYN

Category/
Type

Office Sought: House
 Senate
 President
State: AK District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2013

Transaction ID : 14699

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City State Zip Code
PTTSBURGH PA 15234

Purpose of Disbursement
local event

011

Candidate Name

TIM MURPHY

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2013

Transaction ID : 14682

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
Local Event

011

Candidate Name

TIMOTHY SCOTT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2013

Transaction ID : 14675

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address P. O. BOX 11586

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
2013

011

Candidate Name

TUESDAY GROUP POLITICAL ACTION COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2013

Transaction ID : 14708

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

6000.00

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

25500.00
