SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 35
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

A.
Full Name (Last, First, Middle Initial)
William Chester Anderson
Mailing Address 498 Palm Springs Drive, Suite 210
City: Altamonte Springs State: FL Zip Code: 32701-7805
FEC ID number of contributing federal political committee: C
Name of Employer: Benefit Port
Occupation: Health Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 07 05 2005
Transaction ID: 10011832
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
David C. Benson
Mailing Address 6167 Bristol Parkway #37D
City: Culver City State: CA Zip Code: 90230
FEC ID number of contributing federal political committee: C
Name of Employer: DCB Insurance Services
Occupation: Health Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 05 2005
Transaction ID: 10010870
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Tracy Quick Bradford
Mailing Address 886 Ridgeway Loop Road, Suite 200
City: Memphis State: TN Zip Code: 38120-4000
FEC ID number of contributing federal political committee: C
Name of Employer: Clay & Land Insurance, Inc.
Occupation: Health Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 610.00
Date of Receipt: 07 05 2005
Transaction ID: 10012291
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 570.00

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