

**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="2014"/>		156950.91
(b) Cash on Hand at Beginning of Reporting Period.....	62453.39	
(c) Total Receipts (from Line 19)	40247.12	477636.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102700.51	634587.29
7. Total Disbursements (from Line 31).....	8998.11	540884.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	93702.40	93702.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: / / To: / /

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).....	31725.59	288538.79
(ii) Unitemized	8521.50	181847.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40247.09	470385.93
(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)	40247.09	470385.93
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.....	0	7250.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.03	0.45
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))..... ▶	40247.12	477636.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40247.12	477636.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	1918.11	83204.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1918.11	83204.89
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	446750.00
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	80.00	980.00
(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)).....	80.00	980.00
29. Other Disbursements	0	9950.00
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)) ..	8998.11	540884.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8998.11	540884.89

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)	40247.09	470385.93
34. Total Contribution Refunds (from Line 28(d))	80.00	980.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40167.09	469405.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1918.11	83204.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1918.11	83204.89

**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 164
	<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)

Full Name (Last, First, Middle Initial) A. Tommy Abney		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94815
Mailing Address 113 Hereford Drive		Amount of Each Receipt this Period 30.00
City Tupelo	State MS	Zip Code 38804
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer The Bottrell Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Mark K. Ackerman		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95155
Mailing Address 1600 St. Julian Place		Amount of Each Receipt this Period 85.00
City Columbia	State SC	Zip Code 29204
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Insurance Management Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) C. Carla Adams		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94705
Mailing Address 2229 Mesa Brook		Amount of Each Receipt this Period 60.00
City Schertz	State TX	Zip Code 78154
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer U.S.Consolidated Health Exchange	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 736 Johnson Ferry Road Building C

City State Zip Code
 Marietta GA 30068

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

Name of Employer Occupation
 Purchasing Alliance Solutions, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16596-P95321

Amount of Each Receipt this Period
 200.00

Payroll Deduction
 (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Suzetta E. Alberts

Mailing Address 26555t Evergreen Drive Ste 535

City State Zip Code
 Southfield MI 48076

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

Name of Employer Occupation
 Comprehensive Benefits, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 751.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16595-P94807

Amount of Each Receipt this Period
 168.00

Payroll Deduction
 (\$84.00 Monthly)

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

Mailing Address 3000 A Street, Suite 400

City State Zip Code
 Anchorage AK 99503

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

Name of Employer Occupation
 The Wilson Agency, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1614.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16596-P95205

Amount of Each Receipt this Period
 100.00

Payroll Deduction
 (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.00

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 164
	<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. Read H. Allen		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95043
Mailing Address 1550 W 5th St		Amount of Each Receipt this Period 30.00
City Washington	State NC	Zip Code 27889
FEC ID number of contributing federal political committee.	C	
Name of Employer Carowan-Allen Insurance, Inc.	Occupation Broker	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Daniel Alm		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94793
Mailing Address P.O. Box 3248		Amount of Each Receipt this Period 60.00
City Omaha	State NE	Zip Code 68180
FEC ID number of contributing federal political committee.	C	
Name of Employer Blue Cross and Blue Shield of Nebraska	Occupation Broker	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Kris Amen		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94538
Mailing Address 6075 Poplar Avenue, Suite 122		Amount of Each Receipt this Period 40.00
City Memphis	State TN	Zip Code 38119
FEC ID number of contributing federal political committee.	C	
Name of Employer Humana	Occupation Broker	Payroll Deduction (\$20.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert E. Anders

Mailing Address PO Box 628

City State Zip Code
 Naples FL 34106

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

Name of Employer Occupation
 Anders Insurance Agency Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16596-P95235

Amount of Each Receipt this Period
 42.00

Payroll Deduction
 (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Melinda S. Anderson-Wallis

Mailing Address 703 N 36th Street

City State Zip Code
 Lafayette IN 47905

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

Name of Employer Occupation
 Employee Benefit Solutions of IN, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16596-P95158

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Carolyn Marie Andress

Mailing Address 1512 Highway 138

City State Zip Code
 Wall NJ 07719

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

Name of Employer Occupation
 Fotek Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16596-P95160

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 164
	<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. Joanna Antongiovanni		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94549
Mailing Address P.O. Box 795008		Amount of Each Receipt this Period 60.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Catherine M. Antonie		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94960
Mailing Address P.O. Box 510925 2725 S. Moorland		Amount of Each Receipt this Period 50.00
City New Berlin	State WI	Zip Code 53151
FEC ID number of contributing federal political committee. C	Name of Employer Planned Futures LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. Steve Armstrong		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94932
Mailing Address 301 Newpointe Drive		Amount of Each Receipt this Period 30.00
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 164
	<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 F. Ashby		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95164
Mailing Address P. O. Box 70		Amount of Each Receipt this Period 30.00
City Zirconia	State NC	Zip Code 28790
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Senior Healthcare Solutions, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94773
Mailing Address 6102 82nd St, Bldg #6		Amount of Each Receipt this Period 340.00
City Lubbock	State TX	Zip Code 79423
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer Ashmore & Associates Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.00	

Full Name (Last, First, Middle Initial) C. Lynn Atkinson		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95223
Mailing Address 3800 Electric Road, # 406		Amount of Each Receipt this Period 30.00
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Humana	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 164
	<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. Kimberly L. Auclair		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94894
Mailing Address 6873 Raccoon Ct		Amount of Each Receipt this Period 30.00
City Viera	State FL	Zip Code 32940
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Pineapple Financial Services, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Bacot		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95131
Mailing Address 3100 S Gessner Rd. Suite 560		Amount of Each Receipt this Period 30.00
City Houston	State TX	Zip Code 77063
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Securance	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Catherine A. Bajkowski		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94630
Mailing Address 188 Industrial Drive, Suite 226		Amount of Each Receipt this Period 60.00
City Elmhurst	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer CB Health Insurance	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 164
	<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. Timothy N. Barhorst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5222 Double Eagle Drive
 City Westerville State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Partners, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95249
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. William J. Barrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 7400 West Campus Road
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aetna Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95130
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Diane L. Barton-Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3856 S. Boulevard, Suite 100
 City Edmond State OK Zip Code 73013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94697
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	132.00
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 164
	<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 Baskett
Full Name (Last, First, Middle Initial)

Mailing Address 2601C Blanding Ave #222

City Alameda	State CA	Zip Code 94501
-----------------	-------------	-------------------

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

Name of Employer John Baskett Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95349

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. David S. Bauer
Full Name (Last, First, Middle Initial)

Mailing Address 1027 Tahoe Drive

City Belmont	State CA	Zip Code 94002
-----------------	-------------	-------------------

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

Name of Employer Bauer Financial Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P94859

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Chris J. Beach
Full Name (Last, First, Middle Initial)

Mailing Address 4905 Dickens Road Suite 200

City Richmond	State VA	Zip Code 23230
------------------	-------------	-------------------

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

Name of Employer TB&R Insurance, A Dawson Company	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95253

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 164
	<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. Darrald T. Bean

Mailing Address 3922 Rampart ST

City State Zip Code
Boise ID 83704

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

Name of Employer Occupation
Bean Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94883

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Debra Beaucoudray

Mailing Address 5515 Superior Dr. Suite A-1

City State Zip Code
Baton Rouge LA 70816

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

Name of Employer Occupation
Beaucoudray Medica Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95250

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address P O Box 1472

City State Zip Code
Virginia Beach VA 23451

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

Name of Employer Occupation
CPActuaries Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95194

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	114.00
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 164
	<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. Annette Bechtold
Full Name (Last, First, Middle Initial)

Mailing Address 400 Galleria Pkwy, #300

City Atlanta State GA Zip Code 30339

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

Name of Employer Digital Insurance, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94878

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 2171 So. Pebblecreek Lane

City Boise State ID Zip Code 83706

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

Name of Employer Self Employed Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94654

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 701 4th Ave S. #1500

City Minneapolis State MN Zip Code 55415

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

Name of Employer DeRuyter-Bell, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94568

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 164
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 1250 Capitol of Texas Hwy S Bldg

City Austin State TX Zip Code 78746

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

Name of Employer United Healthcare Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95050

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

B. Chris Bender
Full Name (Last, First, Middle Initial)

Mailing Address 516 Gibson Drive, Suite 240

City Placer State CA Zip Code 95678

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

Name of Employer Warren G. Bender Co. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95128

Amount of Each Receipt this Period **10.00**

Payroll Deduction
(\$10.00 Monthly)

C. Jeffrey S. Bensman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 510938

City Milwaukee State WI Zip Code 53202

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

Name of Employer Security Financial Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94625

Amount of Each Receipt this Period **40.00**

Payroll Deduction
(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 164
	<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. Bob Bentley
Full Name (Last, First, Middle Initial)

Mailing Address 4733 Tacoma Mall Blvd. Suite 200

City Tacoma	State WA	Zip Code 98411-
----------------	-------------	--------------------

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

Name of Employer Albers & Company, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P95266

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 17200 Ventura Blvd Suite 312

City Encino	State CA	Zip Code 91316
----------------	-------------	-------------------

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

Name of Employer Genesis Financial & Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2040.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16595-P94784

Amount of Each Receipt this Period
340.00

Payroll Deduction
(\$170.00 Monthly)

C. Michael Benzikry
Full Name (Last, First, Middle Initial)

Mailing Address 9311 SE 36th Street, Suite 105

City Mercer Island	State WA	Zip Code 98040-
-----------------------	-------------	--------------------

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

Name of Employer Michael Benzikry & Associates	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
12 / 22 / 2014
Transaction ID : 16623

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	735.00
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 164
	<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. Stephanie Berger		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95407
Mailing Address 79 Daily Dr. #276		Amount of Each Receipt this Period 30.00
City Camarillo State CA Zip Code 93010	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer HLS Insurance Services Occupation Broker	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lori Bergsma		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94923
Mailing Address 643 Canyon Drive		Amount of Each Receipt this Period 30.00
City Twin Falls State ID Zip Code 83301	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Balanced Rock Insurance Agency, Inc. Occupation Broker	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Christian Bergstrom		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95359
Mailing Address 300 1st Avenue South,#500		Amount of Each Receipt this Period 63.00
City Saint Petersburg State FL Zip Code 33701	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$63.00 Monthly)
Name of Employer Wallace Welch & Willingham, Inc. Occupation Broker	Aggregate Year-to-Date 723.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	123.00
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 164
	<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 A Berman
Full Name (Last, First, Middle Initial)

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1145.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94560

Amount of Each Receipt this Period **170.00**

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

B. Ernest Berry
Full Name (Last, First, Middle Initial)

Mailing Address 5121 69th St., A9A

City Lubbock State TX Zip Code 79424

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

Name of Employer Berry Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94634

Amount of Each Receipt this Period **60.00**

Payroll Deduction **(\$30.00 Monthly)**

C. Lynnda Berryhill
Full Name (Last, First, Middle Initial)

Mailing Address 12600 Arrowhead Dr

City Oklahoma City State OK Zip Code 73120-8825

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

Name of Employer Bigbie, Hensley & Janway Insurance Ag Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94501

Amount of Each Receipt this Period **40.00**

Payroll Deduction **(\$20.00 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 21 OF 164
	<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 Baton Rouge State LA Zip Code 70808

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95197

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 Chelmsford State MA Zip Code 01824

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

Name of Employer New England Medical Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95213

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 Las Vegas State NV Zip Code 89119

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

Name of Employer National Healthcare Access Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95095

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 22 OF 164
	<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. Bradford H. Blain		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95078
Mailing Address AI Torstrick Insurance Agency, In		Amount of Each Receipt this Period 30.00
City Lexington	State KY	Zip Code 40504
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer AI Torstrick Insurance Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Russ Blakely		Date of Receipt 12 / 23 / 2014 Transaction ID : 16594-P94443
Mailing Address PO Box 11310		Amount of Each Receipt this Period 30.00
City Chattanooga	State TN	Zip Code 37401
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Russ Blakely & Associates, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Donna J. Blizman		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94787
Mailing Address 1939 Racimo Dr		Amount of Each Receipt this Period 60.00
City Sarasota	State FL	Zip Code 34240
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Employee Benefits Marketing Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 164
	<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. Andrea M. Block
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1809

City Candler State NC Zip Code 28715

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

Name of Employer Insurance Specialties, Inc. Occupation Broker

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
 12 / 23 / 2014
Transaction ID : 16595-P94575

Amount of Each Receipt this Period
40.00

Payroll Deduction
 (\$20.00 Monthly)

B. David M. Block
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1809

City Candler State NC Zip Code 28715

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

Name of Employer Insurance Specialties, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94698

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

C. Michele B. Bloom
Full Name (Last, First, Middle Initial)

Mailing Address 4507 N Front Street

City Harrisburg State PA Zip Code 17110

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 ▼ **365.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94803

Amount of Each Receipt this Period
60.84

Payroll Deduction
 (\$30.42 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	160.84
TOTAL 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 164
	<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. Daniel J. Boaz

Mailing Address 5565 Roberts Drive Suite 100

City Atlanta	State GA	Zip Code 30338
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthLife Group, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95277

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Andrea J. Bogard

Mailing Address 100 W. Court Ave. Suite 207

City Jeffersonville	State IN	Zip Code 47130
------------------------	-------------	-------------------

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

Name of Employer A. Bogard Insurance Group	Occupation Broker
---	----------------------

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
 12 / 23 / 2014
Transaction ID : 16595-P94673

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Christine M. Bogott

Mailing Address 125 Grand Avenue, Unit B

City Grand Junction	State CO	Zip Code 81501
------------------------	-------------	-------------------

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

Name of Employer MHIB Group	Occupation Broker
--------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95093

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 164
	<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)

Full Name (Last, First, Middle Initial)
A. Tonya S. Booth

Mailing Address 1801 Gateway Blvd. Suite 200

City Richardson	State TX	Zip Code 75080
--------------------	-------------	-------------------

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

Name of Employer Upshaw Insurance Agency	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95294

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 602 Main Street

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2014

Transaction ID : 16598

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. James C. Bosier

Mailing Address 602 Main Street

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95133

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 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 26 OF 164
	<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. Victoria J. Braden
Full Name (Last, First, Middle Initial)

Mailing Address 11555 Medlock Bridge Rd

City Johns Creek State GA Zip Code 30097

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

Name of Employer Braden Benefit Strategies, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94762

Amount of Each Receipt this Period 500.00

Payroll Deduction (\$250.00 Monthly)

B. Jodie E. Braner
Full Name (Last, First, Middle Initial)

Mailing Address 3348 Peachtree Road, NE Tower 200

City Atlanta State GA Zip Code 30326

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

Name of Employer Hays Companies of Georgia Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95301

Amount of Each Receipt this Period 25.00

Payroll Deduction (\$25.00 Monthly)

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

Mailing Address 2 Terrace Way, Suite B

City Greensboro State NC Zip Code 27403

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

Name of Employer Group US, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95324

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 555.00

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 164
	<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. Sydney K. Briley
Full Name (Last, First, Middle Initial)
Mailing Address 605 E. Van Buren St.
City Broken Arrow State OK Zip Code 74011
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Benefit Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94880
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Jennifer Brittain
Full Name (Last, First, Middle Initial)
Mailing Address 208 N. Mill
City Pryor State OK Zip Code 74361
FEC ID number of contributing federal political committee. **C**
Name of Employer Brown & Brown, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95012
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. Eleanor M. Brockhurst
Full Name (Last, First, Middle Initial)
Mailing Address 1212 East Osborn Road, Suite 110
City Phoenix State AZ Zip Code 85014
FEC ID number of contributing federal political committee. **C**
Name of Employer Brockhurst & Associates, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95035
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 28 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Belinda Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 460
 City Luckey State OH Zip Code 43443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94543
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction
 (\$30.00 Monthly)

B. Mark Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 10876
 City Lynchburg State VA Zip Code 24506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Personal Design Financial Services, I Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95292
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

C. Madeleine Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1490,
 City Jackson State MS Zip Code 39215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1020.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94900
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **175.00**
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 164
	<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. William L. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 2909 Four Corners Dr.
 City Grand Junction State CO Zip Code 81503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William L. Brown Ins. Services, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94576
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction (\$20.00 Monthly)

B. Keith Brownrigg
 Full Name (Last, First, Middle Initial)
 Mailing Address 8156 E South Wadworth Blvd Ste 328
 City Littleton State CO Zip Code 80128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Benefit Team, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **492.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95385
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Anthony C Buechler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1203 Colonial Circle
 City Papillion State NE Zip Code 68046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Buechler Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94861
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	112.00
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 164
	<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. Ronald S. Buffum
Full Name (Last, First, Middle Initial)

Mailing Address 106 South Harris Street # 237

City Round Rock State TX Zip Code 78664

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

Name of Employer The Buffum Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 402.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95041

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 6440 South Wasatch Blvd., #150

City Salt Lake City State UT Zip Code 84121

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

Name of Employer Buie Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94709

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50.00 Monthly)

C. Jennifer Bundy-Cobb
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 ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94708

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 202.00

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 164
	<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 12 / 23 / 2014 Transaction ID : 16596-P94897
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 Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) B. Joseph W. Buyalos		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94906
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 ▼ 1020.00	

Full Name (Last, First, Middle Initial) C. Raymond F. Buza		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95320
Mailing Address 214 East Lakewood Road		Amount of Each Receipt this Period 30.00
City West Palm Beach	State FL	Zip Code 33405
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Palm Beach Insurance Advisory Group,	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

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 32 OF 164
	<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. Tim Byrne
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 8950

City Madison State WI Zip Code 53708

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

Name of Employer M3 Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16595-P94731

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$25.00 Monthly)

B. William V. Cable
Full Name (Last, First, Middle Initial)

Mailing Address 1770 Independence Court

City Vestavia State AL Zip Code 35216

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

Name of Employer Alterntive Insurance Resources Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16596-P95366

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 28411 Northwestern Hwy., Ste 950

City Southfield State MI Zip Code 48034

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

Name of Employer Great Lakes Benefit Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1145.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16595-P94686

Amount of Each Receipt this Period
170.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 164
	<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 A. Cagliola
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Liberty Ridge Drive, Suite 3

City Wayne State PA Zip Code 19087

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

Name of Employer Radnor Benefits Group, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95117

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Loretta L. Camp
Full Name (Last, First, Middle Initial)

Mailing Address 10101 Reunion Place, Ste 300

City San Antonio State TX Zip Code 78216

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

Name of Employer Davidson Camp Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95243

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Daryl Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 200 W Vine Street Ste 300

City Lexington State KY Zip Code 40507

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

Name of Employer BB&T Insurance Services, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94992

Amount of Each Receipt this Period 15.00

Payroll Deduction (\$15.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 164
	<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. Lori Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1937 Thomson Dr
 City Lynchburg State VA Zip Code 24501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Community Heath Plan, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95105
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Louie L. Cason
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cason Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95395
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Lorelei G. Castellani
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 905
 City Branchville State NJ Zip Code 07826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Guidance Systems Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95375
 Amount of Each Receipt this Period 25.00
 Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
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 164
	<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. Russell B. Childers		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94961
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Shelley A Chornak		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95125
Mailing Address 7251 Engle Rd. Suite 103		Amount of Each Receipt this Period 42.00
City Middleburg Hts	State OH	Zip Code 44130
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Sage Partners, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. H Elizabeth Christensen		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95411
Mailing Address 503 B Mercedes Street		Amount of Each Receipt this Period 30.00
City Benbrook	State TX	Zip Code 76126
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Copeland Insurance Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

SUBTOTAL of Receipts This Page (optional).....▶	162.00
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 36 OF 164
	<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. Jonathan S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 6084 South 900 East, Suite 102
 City Salt Lake City State UT Zip Code 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fringe Benefit Analysts Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95029
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Robert S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 7548 Preston Road
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clark Insurance Associates, PLLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94586
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction (\$42.00 Monthly)

c. Natalie Dawn Clawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2355 W Pinnacle Peak Rd #380
 City Phoenix State AZ Zip Code 85026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aflac Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **870.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95154
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	199.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 164
	<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. Rita H. Cleveland
Full Name (Last, First, Middle Initial)
Mailing Address 3342 Greystone Way
City Valdosta State GA Zip Code 31605
FEC ID number of contributing federal political committee. **C**
Name of Employer H&H Insurance Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95104
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

B. Jeff Cloer
Full Name (Last, First, Middle Initial)
Mailing Address 295 East Palmer Street
City Franklin State NC Zip Code 28734
FEC ID number of contributing federal political committee. **C**
Name of Employer Wayah Insurance Group Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95257
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. Richard P. Coburn
Full Name (Last, First, Middle Initial)
Mailing Address 19 Minor Court
City San Rafael State CA Zip Code 94903
FEC ID number of contributing federal political committee. **C**
Name of Employer The Word and Brown Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95101
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 164
	<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. Dorothy M. Cociu		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95177
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	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 ▼ 1020.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Barry S. Cohn		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95447
Mailing Address 21515 Vanowen St Ste 200		Amount of Each Receipt this Period 30.00
City Canoga Park	State CA	Zip Code 91303
FEC ID number of contributing federal political committee. C	Name of Employer RGEB	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) c. Maggie Coley		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94577
Mailing Address 29 Olde Gate Court		Amount of Each Receipt this Period 84.00
City Pooler	State GA	Zip Code 31322
FEC ID number of contributing federal political committee. C	Name of Employer Coley Benefit Services, Inc	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	199.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 164
	<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. Kevin M. Conley
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Bonhomme Ave Suite 213
 City Clayton State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bremer Conley LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94998
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Teresa Conto
 Full Name (Last, First, Middle Initial)
 Mailing Address 15800 Crabbs Branch Way #350
 City Rockville State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independent Benefit Services LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94832
 Amount of Each Receipt this Period 340.00
 Payroll Deduction (\$170.00 Monthly)

C. David Contorno
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Professional Park Dr Ste 103
 City Mooresville State NC Zip Code 28117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Norman Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95198
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	412.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6428 Wilcot Ct.

City Johnston State IA Zip Code 50131

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

Name of Employer Mercer Voluntary Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94550

Amount of Each Receipt this Period
 170.00

Payroll Deduction
 (\$85.00 Monthly)

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

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 Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95079

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Bob Copeland

Mailing Address 700 Larkspur Landing Circle, Suit

City Larkspur State CA Zip Code 94939

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

Name of Employer Copeland Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94962

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: PAGE 41 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John B. Crable
Full Name (Last, First, Middle Initial)
Mailing Address 5000 Dearborn Cir. Ste 100
City Mount Laurel State NJ Zip Code 08054
FEC ID number of contributing federal political committee. **C**
Name of Employer Corporate Synergies Group, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94903
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

B. Valerie Lynn Cramer
Full Name (Last, First, Middle Initial)
Mailing Address 588 3 Mile Road NW Suite 101
City Grand Rapids State MI Zip Code 49544
FEC ID number of contributing federal political committee. **C**
Name of Employer Grotenhuis Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94563
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$50.00 Monthly)

C. Marcus Creasy
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 220
City Heber Springs State AR Zip Code 72543
FEC ID number of contributing federal political committee. **C**
Name of Employer Adams & Creasy Insurance Agency, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94539
Amount of Each Receipt this Period 60.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 210.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 164
	<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. Neil Crosby		Date of Receipt 12 / 04 / 2014 Transaction ID : 16582
Mailing Address 32110 Agoura Road		Amount of Each Receipt this Period 365.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Craig Thomas Currier		Date of Receipt 12 / 23 / 2014 Transaction ID : 16594-P94471
Mailing Address 11213 Davenport St. Ste. 201		Amount of Each Receipt this Period 20.83
City Omaha	State NE	Zip Code 68154
FEC ID number of contributing federal political committee.	C	
Name of Employer Aon Risk Solutions	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	
		Payroll Deduction (\$20.83 Monthly)

Full Name (Last, First, Middle Initial) C. Reed Damron		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94902
Mailing Address 5880 Live Oak Parkway, Suite 250		Amount of Each Receipt this Period 85.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
		Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	470.83
TOTAL 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 164
	<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. Melissa Davies
Full Name (Last, First, Middle Initial)

Mailing Address 730 Sandhill Rd STE 310

City Reno State NV Zip Code 89521

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

Name of Employer Clark and Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95306

Amount of Each Receipt this Period
 300.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 921-C S. McPherson Church Road

City Fayetteville State NC Zip Code 28303-

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : 16597

Amount of Each Receipt this Period
 120.00

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 ▼ 679.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95008

Amount of Each Receipt this Period
 42.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.00

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 164
	<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. Nathan Dee
Full Name (Last, First, Middle Initial)

Mailing Address 9900 Covington Cross Dr #210

City Las Vegas	State NV	Zip Code 89144
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FEC ID number of contributing federal political committee. **C**

Name of Employer Business Benefits, Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P94957

Amount of Each Receipt this Period

60.00

31.00

Payroll Deduction
 (\$31.00 Monthly)

B. Scott A Delisi
Full Name (Last, First, Middle Initial)

Mailing Address 475 Fallbrook Blvd

City Lincoln	State NE	Zip Code 68521
-----------------	-------------	-------------------

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

Name of Employer Ameritas Life Insurance Group	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94615

Amount of Each Receipt this Period

60.00

60.00

Payroll Deduction
 (\$30.00 Monthly)

C. Al DeRuyter
Full Name (Last, First, Middle Initial)

Mailing Address 10201 Wayzata Blvd., Ste 135

City Hopkins	State MN	Zip Code 55305
-----------------	-------------	-------------------

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

Name of Employer DeRuyter Associates	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94727

Amount of Each Receipt this Period

60.00

60.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	151.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kathleen A Dibble
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 Calle Compo
 City State Zip Code
 Thousand Oaks CA 91360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aetna Broker
 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
 12 / 23 / 2014
Transaction ID : 16596-P95219
 Amount of Each Receipt this Period
 20.00
 Payroll Deduction
 (\$20.00 Monthly)

B. Russell R. Dixon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 27
 City State Zip Code
 Wheaton IL 60187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colonial Life Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95169
 Amount of Each Receipt this Period
 27.00
 Payroll Deduction
 (\$27.00 Monthly)

C. Claudia S. Dodge
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 W Laburnum Ave., # 300
 City State Zip Code
 Richmond VA 23227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BB&T Benefit Consultants of Virginia Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94983
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sherry Dodson
 Mailing Address 6421 Perkins Rd Bldg A # 2B
 City Baton Rouge State LA Zip Code 70808-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94503
 Amount of Each Receipt this Period **10.00**
 Payroll Deduction
 (\$10.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Michael B. Dollins
 Mailing Address PO Box 12120
 City Oklahoma City State OK Zip Code 73157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dollins & Company, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94730
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction
 (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Cynthia H. Doucet
 Mailing Address 104 Mondrian Way
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Global Financial Resources, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94769
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 164
	<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 F. Dowd
Full Name (Last, First, Middle Initial)

Mailing Address 10000 Midlantic Dr. #301 West

City Mt. Laurel	State NJ	Zip Code 08054
--------------------	-------------	-------------------

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

Name of Employer Kistler Tiffany Benefits	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95187

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Betty R. Doyle
Full Name (Last, First, Middle Initial)

Mailing Address 108 SE 3rd, Suite A

City Moore	State OK	Zip Code 73160
---------------	-------------	-------------------

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

Name of Employer Doyle-Crow & Associates	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94605

Amount of Each Receipt this Period

60.00

Payroll Deduction
 (\$30.00 Monthly)

C. Sam Drysdale
Full Name (Last, First, Middle Initial)

Mailing Address 4520 S National

City Springfield	State MO	Zip Code 65810
---------------------	-------------	-------------------

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

Name of Employer Coventry Health Care	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95275

Amount of Each Receipt this Period

42.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	132.00
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 164
	<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. Keith M. Duhon		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94545
Mailing Address PO Box 80158		Amount of Each Receipt this Period 60.00
City Lafayette	State LA	Zip Code 70598
FEC ID number of contributing federal political committee. C	Name of Employer The Family Insurance Center, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Tina Durand		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94821
Mailing Address P.O.Box 61157		Amount of Each Receipt this Period 84.00
City Corpus Christi	State TX	Zip Code 78466
FEC ID number of contributing federal political committee. C	Name of Employer Heavin & Associates Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) C. David H. Eblen		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95006
Mailing Address 112 South Liberty, # 221		Amount of Each Receipt this Period 30.00
City Jackson	State TN	Zip Code 38301
FEC ID number of contributing federal political committee. C	Name of Employer The Eblen Agency/A Divison of IPSEO	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 164
	<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. Jeanne A. Embry		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94681
Mailing Address 26240 Wacker Drive		Amount of Each Receipt this Period 60.00
City Chesterfield Twp.	State MI	Zip Code 48051
FEC ID number of contributing federal political committee. C	Name of Employer Comprehensive Benefits	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Michael A. Embry		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94659
Mailing Address 26555 Evergreen Road Suite 535		Amount of Each Receipt this Period 340.00
City Southfield	State MI	Zip Code 48076
FEC ID number of contributing federal political committee. C	Name of Employer Comprehensive Benefits, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1995.00	
		Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) C. Mike Emidy		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94614
Mailing Address P O Box 2021		Amount of Each Receipt this Period 60.00
City Ridgeland	State MS	Zip Code 39158
FEC ID number of contributing federal political committee. C	Name of Employer Colonial Life	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	460.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Gregory Engle
 Mailing Address 1151 Red Mile Road
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95398
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. John G. Fagen
 Mailing Address PO Box 19
 City Demotte State IN Zip Code 46310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Financial Arts Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95441
 Amount of Each Receipt this Period 25.00
 Payroll Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Nicole Fairbairn Wonnell
 Mailing Address 8069 Little Circle Road
 City Noblesville State IN Zip Code 46060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Insurance Concepts Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95437
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.00
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 164
	<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. Dominick Fanuele		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95408
Mailing Address 214 Little Falls Rd., 2nd Floor		Amount of Each Receipt this Period 30.00
City Fairfield	State NJ	Zip Code 07004
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Fanuele Financial Group LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Jennifer Liane Farrell		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95254
Mailing Address 3800 North Central Avenue 9th Flo		Amount of Each Receipt this Period 40.00
City Phoenix	State AZ	Zip Code 85012
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$40.00 Monthly)
Name of Employer Black Gould & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Sam Fiorentino		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95112
Mailing Address 1931 Georgetown Rd., Suite 212		Amount of Each Receipt this Period 42.00
City Hudson	State OH	Zip Code 44236
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Sam Fiorentino & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional).....▶	112.00
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 164
	<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. Erin Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City State Zip Code
Stamford CT 06902-

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

Name of Employer Occupation
Find Medicare Plans Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2014
Transaction ID : 16583

Amount of Each Receipt this Period
50.00

B. Erin B. Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City State Zip Code
Stamford CT 06902

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

Name of Employer Occupation
Find Medicare Plans Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014
Transaction ID : 16596-P95039

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

C. Robert Mark Fitzgerald
Full Name (Last, First, Middle Initial)

Mailing Address 2842 Landing Way

City State Zip Code
Marietta GA 30066

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

Name of Employer Occupation
Robert Fitzgerald Insurance Agency, I Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
651.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014
Transaction ID : 16596-P95304

Amount of Each Receipt this Period
63.00

Payroll Deduction
(\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 213.00

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 164
	<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. Albert Fogle		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95002
Mailing Address 3111 C St., Suite 500		Amount of Each Receipt this Period 30.00
City Anchorage	State AK	Zip Code 99503
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Northrim Benefits Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. H. Larry Fortenberry		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94556
Mailing Address PO Box 16566		Amount of Each Receipt this Period 84.00
City Jackson	State MS	Zip Code 39236
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Executive Planning Group, P.A.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) C. Wesley Foster		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95450
Mailing Address 411 Copper Circle		Amount of Each Receipt this Period 30.00
City Argyle	State TX	Zip Code 76226
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer BenefitMall TX	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	144.00
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 164
	<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 J. Freeman		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95218
Mailing Address 625 Oak Street		Amount of Each Receipt this Period 300.00
City Laguna Beach	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C	Name of Employer Freeman Insurance Agency	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Linda K. Friedrich		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94783
Mailing Address 4435 O Street		Amount of Each Receipt this Period 100.00
City Lincoln	State NE	Zip Code 68506
FEC ID number of contributing federal political committee. C	Name of Employer UNICO Financial Services, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
		Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. Kelly Don Fristoe		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94555
Mailing Address 807 8th Street, Suite 300		Amount of Each Receipt this Period 60.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	
		Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tyson Fuehrer
 Mailing Address 412 Jefferson Parkway Suite 202
 City State Zip Code
 Lake Oswego OR 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Polestar Benefits, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94852
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Kenneth Furr
 Mailing Address 2786 Danbury Ct
 City State Zip Code
 Reno NV 89523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Menath Insurance Agency 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
 12 / 23 / 2014
Transaction ID : 16596-P94912
 Amount of Each Receipt this Period
 10.00
 Payroll Deduction
 (\$10.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joan A. Fusco
 Mailing Address 25B Hanover Rd., Suite 220
 City State Zip Code
 Florham Park NJ 07932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Savoy Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95206
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction
 (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 164
	<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. 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 Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95195
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Hollie Gandy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2920 Duniven Circle, #2
 City Amarillo State TX Zip Code 79109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Solutions Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94570
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 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 ▼ 1020.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94551
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00
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 57 OF 164
	<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. Joy K. Gardner		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94669
Mailing Address 9424 Double R Blvd		Amount of Each Receipt this Period 80.00
City Reno	State NV	Zip Code 89521
FEC ID number of contributing federal political committee. C	Name of Employer Comstock Insurance Agencies, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	
		Payroll Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) B. G. Russell Garner		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95141
Mailing Address 1308 Murraywood Drive		Amount of Each Receipt this Period 30.00
City Columbia	State SC	Zip Code 29212
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Charles T. Gartlan		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95134
Mailing Address 19 Tarworth Terrace		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
		Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 58 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John P. Garven
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 8 11715 East Main Stre
 City State Zip Code
 Huntley IL 60142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benico, LTD Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94945
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. Michele Gasparre
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Business Park Drive Suite 306
 City State Zip Code
 Armonk NY 10504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Meridian Benefits Consulting Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95369
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Jeffrey Wm. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd Ste 141, P
 City State Zip Code
 Glendale AZ 85310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capitol Insurance Brokers, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 907.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95111
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 169.00
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 59 OF 164
	<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 J. Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MetLife Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94699
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction **(\$30.00 Monthly)**

B. Richard R. Girdler
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Seaboard Lane, Suite C-170
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cowan Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1110.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94990
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction **(\$100.00 Monthly)**

C. Jason Gootee
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 W. 5th Avenue Suite 510
 City Anchorage State AK Zip Code 99501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moda Health Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94976
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 164
	<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. Ryan P. Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Sweetbay Dr Ste 10

City Salisbury State MD Zip Code 21804

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95229

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Beverly Gossage
Full Name (Last, First, Middle Initial)

Mailing Address 9325 Evening Star Terr

City Eudora State KS Zip Code 66025

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

Name of Employer HSA Benefits Consulting Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **968.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95397

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 418 Peoples, # 505

City Corpus Christi State TX Zip Code 78401

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

Name of Employer The Granado Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94607

Amount of Each Receipt this Period **170.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **242.00**

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 61 OF 164
	<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. Colleen J. Gransee
 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 Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94564
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

B. Michael D. Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 South 13th Street, Suite 1650
 City Lincoln State NE Zip Code 68508
 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 **1020.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94710
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction (\$85.00 Monthly)

C. J. J. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 1219 W. 2nd St.
 City Grand Island State NE Zip Code 68801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Primark, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95236
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 164
	<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. Don R. Griffey		Date of Receipt
Mailing Address 56294 Prim Rose Circle		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Elkhart	IN	46516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16596-P95044
Name of Employer	Occupation	Amount of Each Receipt this Period
Hailey-Campbell, Inc	Broker	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Patricia A. Griffey		Date of Receipt
Mailing Address 53800 Generations Drive		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
South Bend	IN	46635
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16596-P95068
Name of Employer	Occupation	Amount of Each Receipt this Period
Healy Group, Inc.	Broker	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1235.00"/>	(\$100.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert A. Grundman		Date of Receipt
Mailing Address 7412 Karl Drive Test		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lincoln	NE	68516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16595-P94574
Name of Employer	Occupation	Amount of Each Receipt this Period
Senior Benefit Strategies	Broker	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	(\$50.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
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 63 OF 164
	<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. Craig Gussin		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95042
Mailing Address 4330 La Jolla Village Dr.,# 330		Amount of Each Receipt this Period 105.00
City San Diego State CA Zip Code 92122	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$105.00 Monthly)
Name of Employer Auerbach & Gussin Insurance and Finan Occupation Broker	Aggregate Year-to-Date 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Antonio Gutierrez		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95227
Mailing Address 12833 Riverdance Dr.		Amount of Each Receipt this Period 30.00
City Raleigh State NC Zip Code 27613	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer JBA Benefits LLC Occupation Broker	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Teresa Gutierrez		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95028
Mailing Address 12833 River Dance Dr.		Amount of Each Receipt this Period 85.00
City Raleigh State NC Zip Code 27613	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer JBA Benefits, Inc. Occupation Broker	Aggregate Year-to-Date 1170.00	
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 64 OF 164
	<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. David R. Gwin
 Full Name (Last, First, Middle Initial)
 Mailing Address I-20 At Alpine Rd. AV-100
 City Columbia State SC Zip Code 29219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BlueCross BlueShield of SC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94587
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction **(\$42.00 Monthly)**

B. Dwight Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6107 Hazelwood Ave.
 City Indianapolis State IN Zip Code 46228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer D Hall & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95183
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

C. Joseph Lee Hannah
 Full Name (Last, First, Middle Initial)
 Mailing Address 9414 Indianfield Drive
 City Mechanicsville State VA Zip Code 23116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CIGNA Healthcare Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94942
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction **(\$20.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 65 OF 164
	<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. Allen D. Hardy
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Kosciusko Road P.O. Box 89
 City Philadelphia State MS Zip Code 39350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Philadelphia Security Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94644
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

B. Larry S. Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E. Warm Spring Rd, Suite 108
 City Las Vegas State NV Zip Code 89119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Healthcare Access Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.04**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94997
 Amount of Each Receipt this Period **30.42**
 Payroll Deduction (\$30.42 Monthly)

C. Daniel R Hart
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 East Skelly Drive Suite 320
 City Tulsa State OK Zip Code 74135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Guardian Life Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94864
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	120.42
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 164
	<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. Gerald G Hartman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5716

City Boise State ID Zip Code 83705

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

Name of Employer Insurance Network America Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95189

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

B. Matthew F. Hatfield
Full Name (Last, First, Middle Initial)

Mailing Address 2207 Springfield Avenue

City Fort Wayne State IN Zip Code 46805

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

Name of Employer Self Employed Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95162

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

C. Leesa Kay Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lyndon Lane Suite 101

City Louisville State KY Zip Code 40222

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

Name of Employer Snowden & Associates, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94672

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tom Hayes
 Mailing Address P O Box 3198
 City Little Rock State AR Zip Code 72203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rebsamen Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95343
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Hedy S. Hebert
 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 ▼ **1020.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95034
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Laura L. Hebert
 Mailing Address 935 Graham Road PO BOX 18508
 City Corpus Christi State TX Zip Code 78418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hebert Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **432.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94956
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **157.00**
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 68 OF 164
	<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. Debbie R. Hediger
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N Tampa St Suite 2200
 City Tampa State FL Zip Code 33600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lykes Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94665
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

B. John Heinz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 W. Higgins Rd., #1135
 City Hoffman Estates State IL Zip Code 60169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INSource Benefits Consultants Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95403
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20.00 Monthly)

C. Karen E. Heller
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Champions
 City Lufkin State TX Zip Code 75901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Friesen-Strain Insurance Associates, Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94691
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **140.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 164
	<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 S. Helms
 Full Name (Last, First, Middle Initial)
 Mailing Address 2940 Camino Diablo # 205
 City Walnut Creek State CA Zip Code 94597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Helms Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94985
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Timothy J. Hendricks
 Full Name (Last, First, Middle Initial)
 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 Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94719
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$50.00 Monthly)

C. Thomas L. Henry
 Full Name (Last, First, Middle Initial)
 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 Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94954
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 164
	<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. William Hepscher
Full Name (Last, First, Middle Initial)

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 ▼ 2145.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95383

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Caroline Hesseltine
Full Name (Last, First, Middle Initial)

Mailing Address 7272 Wurzbach Road, Suite 104

City San Antonio State TX Zip Code 78240

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

Name of Employer ABC / Associated Benefit Consultants, Occupation Broker

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
 12 / 23 / 2014
Transaction ID : 16595-P94621

Amount of Each Receipt this Period
 40.00

Payroll Deduction
 (\$20.00 Monthly)

C. Donna D. Hill
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Premiere Parkway Suite 285

City Duluth State GA Zip Code 30097

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

Name of Employer E2E Benefit Services Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95241

Amount of Each Receipt this Period
 42.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	167.00
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 71 OF 164
	<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 H. Hinck
Full Name (Last, First, Middle Initial)

Mailing Address 211 McLaws Circle, Ste2

City Williamsburg State VA Zip Code 23185

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

Name of Employer Occupation
Hinck Financial Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P95360

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Noel Hinman
Full Name (Last, First, Middle Initial)

Mailing Address 25 West 80th Place#280 PO Box 100

City Merrillville State IN Zip Code 46410

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

Name of Employer Occupation
Professional Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P95058

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$20.00 Monthly)

C. James H Hissong
Full Name (Last, First, Middle Initial)

Mailing Address 8401 Widmer Rd

City Lenexa State KS Zip Code 66215-5416

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

Name of Employer Occupation
Jim Hissong Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16595-P94509

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 164
	<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. Crystal Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 709
 City Sugar Land State TX Zip Code 77487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lone Star Health Plans Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95170
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

B. Angela Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 S. 16th Street
 City Lincoln State NE Zip Code 68502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bryan Medical Center Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94782
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction
 (\$30.00 Monthly)

C. Robert V. Holland
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centralia General Agencies Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94643
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 164
	<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. Michael Hollis

Mailing Address 2800 Veterans Memorial Blvd, Suit

City Metairie	State LA	Zip Code 70002
------------------	-------------	-------------------

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

Name of Employer Hollis Companies	Occupation Broker
--------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95118

Amount of Each Receipt this Period
420.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Al Hombroek

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 Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94979

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Michelle S. Howard

Mailing Address 2850 West Grand Boulevard

City Detroit	State MI	Zip Code 48202
-----------------	-------------	-------------------

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

Name of Employer Health Alliance Plan	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
938.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94936

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 74 OF 164
	<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 L Hunt
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4824

City Jackson State MS Zip Code 39296

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

Name of Employer Occupation
Hunt Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16595-P94546

Amount of Each Receipt this Period
70.00

Payroll Deduction
(\$35.00 Monthly)

B. Karen K. Irwin
Full Name (Last, First, Middle Initial)

Mailing Address 3912 Sunforest Ct

City Toledo State OH Zip Code 43623

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

Name of Employer Occupation
Self Employed Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P95314

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Blake Izatt
Full Name (Last, First, Middle Initial)

Mailing Address 46 West 200 South

City Bountiful State UT Zip Code 84010

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

Name of Employer Occupation
RBI Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P95061

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.00

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 75 OF 164
<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. Jerry D. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5113 N. Executive Drive Suite 102
 City Peoria State IL Zip Code 61614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Financial Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94891
 Amount of Each Receipt this Period 420.00
 Payroll Deduction (\$42.00 Monthly)

B. Paul H. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Plantation Chase
 City Sea Island State GA Zip Code 31561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paul Jackson Ins. & Investments, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95204
 Amount of Each Receipt this Period 300.00
 Payroll Deduction (\$30.00 Monthly)

C. Leah-Anne Janway
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 20626
 City Oklahoma City State OK Zip Code 73156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bigbie, Hensley & Janway Insurance Ag Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94775
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	132.00
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 76 OF 164
	<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. Deborah Jeffs
Full Name (Last, First, Middle Initial)

Mailing Address 3419 Via Lido #306

City Newport Beach State CA Zip Code 92663

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

Name of Employer Progressive Benefit Managers Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95209

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

B. 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 Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1145.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95392

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

C. David S. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1482 Baron Court

City Stone Mountain State GA Zip Code 30087

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

Name of Employer David S. Johnson Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3175.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95234

Amount of Each Receipt this Period
250.00

Payroll Deduction
 (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 164
	<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. Sandra Johnson		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P95116
Mailing Address 12500 Network Blvd, # 403		Amount of Each Receipt this Period 30.00
City San Antonio	State TX	Zip Code 78249
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Hairston, Johnson & Associates, PLLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Alan L. Jones		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P95271
Mailing Address 3420 Pump Road, #144		Amount of Each Receipt this Period 30.00
City Richmond	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer TPA Benefits, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16595-P94602
Mailing Address 2633 State Route 59, Suite B		Amount of Each Receipt this Period 62.00
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$31.00 Monthly)	
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

SUBTOTAL of Receipts This Page (optional).....▶	122.00
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 78 OF 164
	<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. T. Darlene Kaczmarek		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16595-P94790
Mailing Address P O Box 345		Amount of Each Receipt this Period 62.00
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$31.00 Monthly)
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

Full Name (Last, First, Middle Initial) B. Ashley Wynkoop Kapostins		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P95114
Mailing Address 255 Primera Blvd, Suite 264		Amount of Each Receipt this Period 42.00
City Lake Mary	State FL	Zip Code 32746
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer CIGNA	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	

Full Name (Last, First, Middle Initial) C. Kristine M. Kassel		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : 16572-P94302
Mailing Address 8631 S Priest Drive #101		Amount of Each Receipt this Period 42.00
City Tempe	State AZ	Zip Code 85284
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Benefits By Design, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 827.00	

SUBTOTAL of Receipts This Page (optional).....▶	146.00
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 79 OF 164
	<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. Jon Katz
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Northpoint Glen Ct.

City Herndon State VA Zip Code 20170

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

Name of Employer Virginia Medical Plans Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94866

Amount of Each Receipt this Period
300.00

Payroll Deduction
 (\$30.00 Monthly)

B. 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 ▼ **1020.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94676

Amount of Each Receipt this Period
170.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 7320 N La Cholla Blvd. Suite 154-

City Tucson State AZ Zip Code 85741

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

Name of Employer Sandbrook Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94827

Amount of Each Receipt this Period
100.00

Payroll Deduction
 (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 164
	<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. Roger J. Kelley

Mailing Address 424 Lewis Hargett Circle Ste 100

City	State	Zip Code
Lexington	KY	40503

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

Name of Employer	Occupation
Epic Insurance Solutions	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95380

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 11 N. Starcrest Drive

City	State	Zip Code
Clearwater	FL	33765

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

Name of Employer	Occupation
Bouchard Insurance	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P94987

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Dierdre Kennedy-Simington

Mailing Address 17200 Ventura Blvd., Suite 312

City	State	Zip Code
Encino	CA	91316

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 ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95362

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	114.00
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 81 OF 164
	<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. Roy W. Kern
Full Name (Last, First, Middle Initial)

Mailing Address 3015 South Fort Avenue, Suite B

City Springfield State MO Zip Code 65807

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

Name of Employer Kern Insurance Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95067

Amount of Each Receipt this Period
 25.00

Payroll Deduction
 (\$25.00 Monthly)

B. Carolyn J. King
Full Name (Last, First, Middle Initial)

Mailing Address 6 Country Lane

City Sussex State NJ Zip Code 07461

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

Name of Employer New England Financial Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94996

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

C. Lonnie Klene
Full Name (Last, First, Middle Initial)

Mailing Address 14339 Torrey Chase Blvd., Ste F

City Houston State TX Zip Code 77014

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

Name of Employer Core Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95231

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 164
	<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. T. Brian Knauer
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 340718
 City Tampa State FL Zip Code 33694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Insurance Brokers, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95207
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

B. Valerie S. Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2429 North Avenue
 City Bridgeport State CT Zip Code 06604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ganim Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **540.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95247
 Amount of Each Receipt this Period **45.00**
 Payroll Deduction
 (\$45.00 Monthly)

C. Linda Rose Koehler
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Main Street
 City Pleasanton State CA Zip Code 94566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Herzog Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94830
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	245.00
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 83 OF 164
	<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. Eric Kohlsdorf
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Ingersoll Ave Suite 200

City Des Moines State IA Zip Code 50309

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

Name of Employer Prisma Strategies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95048

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

B. Mark Kolterman
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 426 341 North 6th Street

City Seward State NE Zip Code 68434

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

Name of Employer Kolterman Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94955

Amount of Each Receipt this Period 35.00

Payroll Deduction (\$35.00 Monthly)

C. Suzanne Kolterman
Full Name (Last, First, Middle Initial)

Mailing Address 341 N. 6th Street PO Box 426

City Seward State NE Zip Code 68434

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

Name of Employer Kolterman Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94713

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 185.00

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 84 OF 164
	<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. Mary B. Kramer
Full Name (Last, First, Middle Initial)

Mailing Address 2637 S. 158th Plaza #200

City Omaha State NE Zip Code 68116

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

Name of Employer Holmes Murphy & Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94776

Amount of Each Receipt this Period **84.00**

Payroll Deduction **(\$42.00 Monthly)**

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

Mailing Address 5556-B Cheviot Rd.

City Cincinnati State OH Zip Code 45247

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

Name of Employer United Benefits Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94895

Amount of Each Receipt this Period **60.00**

Payroll Deduction **(\$30.00 Monthly)**

C. Daniel C. LaBroad
Full Name (Last, First, Middle Initial)

Mailing Address 17304 Preston Road Suite 800

City Dallas State TX Zip Code 75252

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

Name of Employer Ovation Health & Life Services, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95272

Amount of Each Receipt this Period **85.00**

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

SUBTOTAL of Receipts This Page (optional)..... **229.00**

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 85 OF 164
	<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. Stacey S. LaFay			Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95109
Mailing Address 2444 East Hill Rd.			Amount of Each Receipt this Period 30.00
City Grand Blanc	State MI	Zip Code 48439	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00	
Name of Employer Franklin Benefit Solutions	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Andrew M. LaRocco			Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94910
Mailing Address 5880 Live Oak Parkway, # 230			Amount of Each Receipt this Period 40.00
City Norcross	State GA	Zip Code 30093	Payroll Deduction (\$40.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 480.00	
Name of Employer The LaRocco Companies	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jim Lawless			Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95156
Mailing Address 989 Governors Ln Ste 350			Amount of Each Receipt this Period 42.00
City Lexington	State KY	Zip Code 40513	Payroll Deduction (\$42.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 504.00	
Name of Employer Benefit Advisors	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	112.00
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 86 OF 164
	<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. Scott A. Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 12988 W. Paint Dr.
 City Boise State ID Zip Code 83713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott Leavitt Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95193
 Amount of Each Receipt this Period **300.00**
 Payroll Deduction (\$30.00 Monthly)

B. Emma Stacey Leigh
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 TownPark Lane NW Suite LL-1000
 City Kennesaw State GA Zip Code 30144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliant Health Plans, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94886
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

C. Lyle D. Leleux
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 107 108 E. Texas Ave.
 City Rayne State LA Zip Code 70578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95136
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 164
	<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. Karen B. Leonard
 Full Name (Last, First, Middle Initial)
 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 ▼ 1020.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95351
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Robert Lindsay
 Full Name (Last, First, Middle Initial)
 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 Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95281
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Betty J. Lindstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4026
 City Felton State CA Zip Code 95018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lindstrom Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95025
 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 88 OF 164
	<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. Cathy Little		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94755
Mailing Address 1145 2nd Street #A-269		Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Monthly)
Name of Employer Essential Exchange Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Juan R. Lopez		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94918
Mailing Address 1851 E. First, #1100		Amount of Each Receipt this Period 85.00
City Santa Ana	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Kaiser Permanente	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) C. Douglas Lubenow		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95432
Mailing Address 214 West Main Street Suite 203		Amount of Each Receipt this Period 42.00
City Moorestown	State NJ	Zip Code 08057
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Lubenow Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional).....▶	167.00
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 89 OF 164
	<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 12 / 23 / 2014 Transaction ID : 16596-P95210
Mailing Address 301 Madison Avenue, 4th Floor			Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10017	Payroll Deduction (\$250.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2800.00	
Name of Employer The Medical Link, Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kelly A. Madison			Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95244
Mailing Address PO Box 370			Amount of Each Receipt this Period 30.00
City Meridian	State ID	Zip Code 83680	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00	
Name of Employer Myriad Benefits	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Victoria A. Major-Bell			Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94740
Mailing Address 3602 Harwich Ct			Amount of Each Receipt this Period 60.00
City Greenacres	State FL	Zip Code 33467	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 660.00	
Name of Employer VMB Solutions	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 90 OF 164
	<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. Benji Marrs
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Red Mile Rd

City Lexington State KY Zip Code 40504

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P95102

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Ingrid L. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 6050 Oak Tree Blvd. South Suite 5

City Cleveland State OH Zip Code 44131

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

Name of Employer CBIZ Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P94949

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Kimberly C. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 1027 S Pendleton Street Suite B-2

City Easley State SC Zip Code 29642

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16595-P94763

Amount of Each Receipt this Period 80.00

Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 195.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 164
	<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. Patricia A. Martin		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94610
Mailing Address 13815 Starhill Ct.		Amount of Each Receipt this Period 40.00
City Houston	State TX	Zip Code 77077
FEC ID number of contributing federal political committee. C	Name of Employer King Insurance Services	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) B. Phyllis Martinsen		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95268
Mailing Address 1108 West Boise Avenue, Suite 100		Amount of Each Receipt this Period 30.00
City Boise	State ID	Zip Code 83706
FEC ID number of contributing federal political committee. C	Name of Employer Byron Hyatt Erstad & Co	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Donald L. Mathern		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94934
Mailing Address 7650 Cherrywood Drive		Amount of Each Receipt this Period 30.00
City Boise	State ID	Zip Code 83704
FEC ID number of contributing federal political committee. C	Name of Employer Insurance Specialists	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 164
	<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. Carol Matznick		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94678
Mailing Address PO Box 38905		Amount of Each Receipt this Period 60.00
City Greensboro	State NC	Zip Code 27438
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer North Carolina AHU	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Michael E. Matznick		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95419
Mailing Address 3150 N. Elm Street Suite 201		Amount of Each Receipt this Period 100.00
City Greensboro	State NC	Zip Code 27408
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)	
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Lynn E McCarter		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94924
Mailing Address PO Box 710571		Amount of Each Receipt this Period 20.00
City Santee	State CA	Zip Code 92072
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Monthly)	
Name of Employer Self Employed	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 93 OF 164
	<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. Barbara A. McClaskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barbara McClaskey Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95173
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. John R. McConnaughey
 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 **504.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95161
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Randy L. McDaniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 Chambers Road
 City McDonough State GA Zip Code 30253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94733
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	156.00
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 94 OF 164
	<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. Heather Lee McDougall
Full Name (Last, First, Middle Initial)

Mailing Address 2852 S. Carriage Lane

City Mesa State AZ Zip Code 85202

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

Name of Employer: Affiliated Insurance Solutions Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 23 / 2014**

Transaction ID : 16595-P94817

Amount of Each Receipt this Period: **60.00**

Payroll Deduction: **(\$30.00 Monthly)**

B. Dwane C. McFerrin
Full Name (Last, First, Middle Initial)

Mailing Address 8420 West Dodge Road Suite 510

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 ▼ **715.00**

Date of Receipt: **12 / 03 / 2014**

Transaction ID : 16621

Amount of Each Receipt this Period: **50.00**

C. Leslie E. McGerr
Full Name (Last, First, Middle Initial)

Mailing Address 6510 Mesaverde Dr

City Lincoln State NE Zip Code 68510

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

Name of Employer: Les McGerr & Company Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 23 / 2014**

Transaction ID : 16596-P95126

Amount of Each Receipt this Period: **30.00**

Payroll Deduction: **(\$30.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 164
	<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. Susan Marie McGinnis		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94718
Mailing Address 8516 East 101st, Suite H		Amount of Each Receipt this Period 60.00
City Tulsa	State OK	Zip Code 74137
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer BenEx Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Matthew J. McGrath		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94851
Mailing Address 625 Maryville Center Drive Suite		Amount of Each Receipt this Period 42.00
City Saint Louis	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer CBIZ Benefits & Insurance Services, I	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) C. Victor C. McKnight		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95346
Mailing Address 502 Tunney Place		Amount of Each Receipt this Period 30.00
City Santa Rosa	State CA	Zip Code 95403
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Edgewood Partners Insurance Center	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	132.00
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 96 OF 164
	<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. Mark A. McLane

Mailing Address 401 West Front Street Suite 4

City Traverse City	State MI	Zip Code 49684
-----------------------	-------------	-------------------

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

Name of Employer Wright & Associates Insurance	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94768

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$10.00 Monthly)

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

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 ▼
1020.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95449

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Andrea McLoy

Mailing Address 5300 Orange Ave., Ste 208

City Cypress	State CA	Zip Code 90630
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FEC ID number of contributing federal political committee. **C**

Name of Employer Robbins Financial & Insurance Service	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95389

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 164
	<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 W. Meister		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95400
Mailing Address 632 W. Jefferson		Amount of Each Receipt this Period 20.00
City Morton	State IL	Zip Code 61550
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Monthly)
Name of Employer Kuhl & Company Insurance	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. Griffin L. Meredith		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94843
Mailing Address 550 South 5th Street, Unit 303		Amount of Each Receipt this Period 85.00
City Louisville	State KY	Zip Code 40202-
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer The Benefits Firm	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00	

Full Name (Last, First, Middle Initial) C. Jennifer Meyhoff		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94946
Mailing Address 1031 W 4th Ave., Ste 400		Amount of Each Receipt this Period 30.00
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Marsh & McLennan Agency LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 164
	<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. Patricia Mihalyi-Stiffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N. Riverview Drive
 City Anaheim Hills State CA Zip Code 92808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Options in Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94806
 Amount of Each Receipt this Period
 84.00
 Payroll Deduction
 (\$42.00 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 Occupation
 Mobley Insurance Agency, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94623
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction
 (\$50.00 Monthly)

C. Sandra V. Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Dr. Suite D
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mobley Insurance Agency LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94680
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction
 (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	284.00
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 99 OF 164
	<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. Douglas F. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Ohio River Blvd
 City Pittsburgh State PA Zip Code 15202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seubert & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95334
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Julia T. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 9208 Clinton Anderson Drive NW
 City Albuquerque State NM Zip Code 87114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J. Moore Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95435
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Wesley P. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 604
 City Darlington State SC Zip Code 29540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94675
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	132.00
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 100 OF 164
	<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 Mordo		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94977
Mailing Address 718 River Road		Amount of Each Receipt this Period 35.00
City Fair Haven	State NJ	Zip Code 07704
FEC ID number of contributing federal political committee. C	Name of Employer Walsh Benefits	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		Payroll Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial) B. Reine C. Morris		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95151
Mailing Address 500 NE Multnomah		Amount of Each Receipt this Period 20.00
City Portland	State OR	Zip Code 97232-
FEC ID number of contributing federal political committee. C	Name of Employer Kaiser Permanente	Occupation Mgr Large Group Acct Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) C. Todd Morrow		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95440
Mailing Address 1173 Brittmore		Amount of Each Receipt this Period 42.00
City Houston	State TX	Zip Code 77043
FEC ID number of contributing federal political committee. C	Name of Employer Benefit Concepts, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	
		Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	97.00
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 101 OF 164
	<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. Joseph C. Moss

Mailing Address 14202 Chimney House Road

City Midlothian	State VA	Zip Code 23112
--------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94533

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$10.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rita A. Musser

Mailing Address 3330 Thames Drive

City Fort Wayne	State IN	Zip Code 46815
--------------------	-------------	-------------------

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

Name of Employer Senior Insurance Solutions	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94796

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Amy D. Mutter

Mailing Address 15 South Jefferson Street

City Roanoke	State VA	Zip Code 24011
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95412

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	122.00
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 102 OF 164
	<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. Joshua D. Nace
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. Harrison Street, Suite 440

City Seattle	State WA	Zip Code 98199
-----------------	-------------	-------------------

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

Name of Employer Dental Health Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94767

Amount of Each Receipt this Period

60.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 555 W Shaw Ave Ste C-1

City Fresno	State CA	Zip Code 93704
----------------	-------------	-------------------

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

Name of Employer Administrative Solutions, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94651

Amount of Each Receipt this Period

60.00

Payroll Deduction
 (\$30.00 Monthly)

C. Penny E. Nikel
Full Name (Last, First, Middle Initial)

Mailing Address 917 S Main St., Ste 200

City Longmont	State CO	Zip Code 80501
------------------	-------------	-------------------

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

Name of Employer Nikel Insurance Associates LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94583

Amount of Each Receipt this Period

60.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 103 OF 164
	<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. Donna Norris
Full Name (Last, First, Middle Initial)

Mailing Address 6501 Wyoming Blvd NE Building G

City Albuquerque State NM Zip Code 87109

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

Name of Employer Norris and Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16596-P95108

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address PO Box 999 295 E Palmer Street

City Franklin State NC Zip Code 28744

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

Name of Employer Wayah Employee Benefits / EbenConcept Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16595-P94599

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 1014 4th St W

City Kirkland State WA Zip Code 98033-5337

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

Name of Employer Spectera Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16595-P94516

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 164
	<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. Angela Oakes

Mailing Address 1323 Highway 2, Ste. 300

City Sandpoint State ID Zip Code 83864

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

Name of Employer Summit Insurance Resource Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16595-P94801

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address P. O. Box 21479

City Keizer State OR Zip Code 97307

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

Name of Employer Olson Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16595-P94638

Amount of Each Receipt this Period
100.00

Payroll Deduction
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mike Osborne

Mailing Address 1308 Woodmanor Dr,

City Raleigh State NC Zip Code 27614

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

Name of Employer Osborne Insurance Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16596-P94893

Amount of Each Receipt this Period
25.00

Payroll Deduction
 (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **185.00**

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 105 OF 164
	<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. Tim Owen
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 600555
City Jacksonville State FL Zip Code 32260
FEC ID number of contributing federal political committee. **C**
Name of Employer O&A Insurance Services, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95097
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Jeffrey Papenfus
Full Name (Last, First, Middle Initial)
Mailing Address 32110 Agoura Road
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 **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95260
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 Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1325.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94828
Amount of Each Receipt this Period **200.00**
Payroll Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 164
	<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 Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4450.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94935
 Amount of Each Receipt this Period **350.00**
 Payroll Deduction **(\$350.00 Monthly)**

B. Jill L. Pedersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 16325 Boones Ferry Rd #204
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Benefit Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95127
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

C. Jennifer L. Pender
 Full Name (Last, First, Middle Initial)
 Mailing Address 1635 Mt. McKinley Drive
 City Grayson State GA Zip Code 30017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pender & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94677
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction **(\$30.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....	440.00
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 107 OF 164
	<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. 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 ▼ 1170.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95402
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Kenneth G. Penn
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 North St
 City Portsmouth State VA Zip Code 23704-2602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ChamberSolutions Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94847
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Carol C. Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Woodbridge Drive
 City Kernersville State NC Zip Code 27284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennington Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95428
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 164
	<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. William H. Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Woodbridge Drive
 City Kernersville State NC Zip Code 27284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennington Associates Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **440.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95418
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction (\$40.00 Monthly)

B. Les Perlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Crossways Park Dr
 City Woodbury State NY Zip Code 11797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Planning Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95055
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Jeff Pery
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 51019
 City Idaho Falls State ID Zip Code 83405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Hartwell Corporation Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95214
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 164
<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. Paige W. Phillips
Full Name (Last, First, Middle Initial)
Mailing Address 1434 Hwy 301

City Calera	State AL	Zip Code 35040
----------------	-------------	-------------------

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

Name of Employer Benefit Partners, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
906.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : 16572-P94293

Amount of Each Receipt this Period
98.50

Payroll Deduction
(\$98.50 Monthly)

B. Joseph E. Pittman
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 24133

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer Creative Association Management	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95051

Amount of Each Receipt this Period
35.00

Payroll Deduction
(\$35.00 Monthly)

C. Susan R. Pittman
Full Name (Last, First, Middle Initial)
Mailing Address 32418 51st Avenue, SW

City Federal Way	State WA	Zip Code 98023
---------------------	-------------	-------------------

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

Name of Employer Insure NW Inc.	Occupation Broker
------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94813

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	233.50
TOTAL 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 110 OF 164
	<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. Tom G. Polenzani		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95013
Mailing Address 3452 E. Foothill Blvd. #514		Amount of Each Receipt this Period 170.00
City Pasadena	State CA	Zip Code 91107
FEC ID number of contributing federal political committee. C	Name of Employer Polenzani Benefits & Ins. Svcs., Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1530.00	Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) B. Robert P. Poli		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95283
Mailing Address 6101 Executive Boulevard, Suite 1		Amount of Each Receipt this Period 85.00
City Rockville	State MD	Zip Code 20852
FEC ID number of contributing federal political committee. C	Name of Employer Insurance Marketing Center, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Sandra Lee Powers-Booth		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94797
Mailing Address 4817 S. 175th Street		Amount of Each Receipt this Period 84.00
City Seatac	State WA	Zip Code 98188
FEC ID number of contributing federal political committee. C	Name of Employer Health Benefits Northwest	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	339.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. D. Michael Pressley
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 139
 City Nashville State TN Zip Code 37202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94693
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. Rebecca L. Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 E Warm Springs Rd. Ste 340
 City Las Vegas State NV Zip Code 89119
 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 ▼ 420.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P94986
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. 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 Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1270.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94629
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.00
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 112 OF 164
	<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. Susan Maley Rash
Full Name (Last, First, Middle Initial)

Mailing Address 2108 West Laburnum Avenue, Suite

City	State	Zip Code
Richmond	VA	23227

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

Name of Employer	Occupation
BB&T Benefit Consultants of Virginia,	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95240

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Dennis J. Recker
Full Name (Last, First, Middle Initial)

Mailing Address 971 North Perry Street P.O. Box 2

City	State	Zip Code
Ottawa	OH	45875

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

Name of Employer	Occupation
Fawcett, Lammon, Recker & Associates	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94788

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Joni Robin Reents
Full Name (Last, First, Middle Initial)

Mailing Address 5760 W. 120th Avenue Suite 260

City	State	Zip Code
Broomfield	CO	80020

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

Name of Employer	Occupation
Reents Insurance Agency	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95347

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	272.00
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 113 OF 164
	<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. Valerie Reeves		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94959
Mailing Address 3702 Brownsboro Rd		Amount of Each Receipt this Period 42.00
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Preferred Benefits, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) B. R Dane Rianhard		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94869
Mailing Address 1 E. Pratt St., Unit 902		Amount of Each Receipt this Period 110.00
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$110.00 Monthly)	
Name of Employer TriBridg Partners, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

Full Name (Last, First, Middle Initial) C. Lori R. Rice		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95245
Mailing Address 1221 South Main Street Suite 208		Amount of Each Receipt this Period 30.00
City Boerne	State TX	Zip Code 78006
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Wells Fargo Insurance Services USA, I	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	182.00
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 114 OF 164
	<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"/>	<input type="checkbox"/> 17

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

A. Russell Lee Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 IH-10 West, # 715
 City San Antonio State TX Zip Code 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AVESIS, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 745.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95113
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Tammy M. Riddle
 Full Name (Last, First, Middle Initial)
 Mailing Address 3718 W. Lancer Rd.
 City Peoria State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pearl Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94662
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$10.00 Monthly)

C. Susan M. Rider
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 N Capital #400
 City Indianapolis State IN Zip Code 46202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gregory & Appel Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94765
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 164
<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. Robert L. Rifkin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P95295
Mailing Address 7 Stonewall Lane		Amount of Each Receipt this Period 42.00
City Mamaroneck State NY Zip Code 10543	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)
Name of Employer Insurance & Financial Services Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00

Full Name (Last, First, Middle Initial) B. Debra L. Righter		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16595-P94732
Mailing Address 1804 Juan Tabo Blvd, NE, Suite B		Amount of Each Receipt this Period 60.00
City Albuquerque State NM Zip Code 87112	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Righter Insurance, LLC Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

Full Name (Last, First, Middle Initial) C. Elizabeth E. Rios-Carl		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16595-P94597
Mailing Address 210 North Campbell		Amount of Each Receipt this Period 100.00
City El Paso State TX Zip Code 79901	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
Name of Employer Self Employed Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

SUBTOTAL of Receipts This Page (optional).....▶	202.00
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 116 OF 164
	<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. Michael P. Ripley
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Chestnut Hills Parkway

City Fort Wayne State IN Zip Code 46814

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

Name of Employer Old National Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95052

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 1501 East Woodfield Rd. #110 E

City Schaumburg State IL Zip Code 60173

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

Name of Employer Rippinger Financial Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94720

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 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 ▼ **1145.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95152

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **175.00**

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 117 OF 164
	<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. Joseph K. Roberts		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94627
Mailing Address 7101 S. 82nd St., #B		Amount of Each Receipt this Period 340.00
City Lincoln	State NE	Zip Code 68516
FEC ID number of contributing federal political committee. C	Name of Employer Midlands Financial Benefits	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2040.00	Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) B. Judith L. Robinson		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94764
Mailing Address P O Box 10071		Amount of Each Receipt this Period 60.00
City Tyler	State TX	Zip Code 75711
FEC ID number of contributing federal political committee. C	Name of Employer CFG Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. William D. Robinson		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95420
Mailing Address 739 East Jackson Street		Amount of Each Receipt this Period 30.00
City Martinsville	State IN	Zip Code 46151
FEC ID number of contributing federal political committee. C	Name of Employer NewDay! Marketing	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	430.00
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 118 OF 164
	<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. William T. Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 1775 E Palm Canyon Dr, Ste 110 -

City	State	Zip Code
Palm Springs	CA	92264

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

Name of Employer	Occupation
Palm Canyon Insurance Agency	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94737

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

B. Mario Roiz
Full Name (Last, First, Middle Initial)

Mailing Address 10446 NW 31st Terrace

City	State	Zip Code
Miami	FL	33172

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

Name of Employer	Occupation
HR Benefit Services, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P94909

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Charla S. Rose
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1299

City	State	Zip Code
Amarillo	TX	79105

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

Name of Employer	Occupation
Upshaw Insurance Agency	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95174

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
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 119 OF 164
	<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. 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 Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95309

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Joel Rosenblum
Full Name (Last, First, Middle Initial)

Mailing Address 230 Lipan Way

City Boulder	State CO	Zip Code 80303
-----------------	-------------	-------------------

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

Name of Employer Insurance for Asset Protection	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95110

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Eugene L. Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 16000 Ventura Blvd

City Encino	State CA	Zip Code 91436
----------------	-------------	-------------------

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

Name of Employer R & R Retirement and Insurance Servic	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94785

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	272.00
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 120 OF 164
	<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. Peter L. Rowe			Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95384
Mailing Address PO. Box 22212			Amount of Each Receipt this Period 100.00
City Phoenix	State AZ	Zip Code 85028	Payroll Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1110.00	
Name of Employer Sunwest Benefits Consulting, Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Donna M. Rudner			Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95354
Mailing Address 4665 Ivygate Circle			Amount of Each Receipt this Period 30.00
City Smyrna	State GA	Zip Code 30080	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer Employer Relief, Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jean Russell			Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95077
Mailing Address 15 New England Executive Park			Amount of Each Receipt this Period 30.00
City Burlington	State MA	Zip Code 01803	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer BenefitsMart LLC	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 164
	<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"/>	<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)

Full Name (Last, First, Middle Initial) A. Raymer M. Sale		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95350
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	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 ▼ 2040.00	
		Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) B. Al C. Schiebel		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94874
Mailing Address 200 Sandy Springs Pl., # 300A		Amount of Each Receipt this Period 45.00
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C	Name of Employer Schiebel & Associates, LLC dba Shopbe	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
		Payroll Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial) c. Mel A. Schlesinger		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95082
Mailing Address PO Box 21533		Amount of Each Receipt this Period 85.00
City Winston Salem	State NC	Zip Code 27120
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	
		Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 164
	<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. Kenneth Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 1332 Hunters Hollow Court

City Eureka State MO Zip Code 63025-

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

Name of Employer Sonus Benefits by MSMF Occupation 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
12 / 09 / 2014

Transaction ID : 16584

Amount of Each Receipt this Period
150.00

B. 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 Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16596-P94968

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 4300 Sidco Drive, Suite 200

City Nashville State TN Zip Code 37204

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

Name of Employer Colonial Life Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16595-P94808

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	295.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 164
	<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. Patricia A. Schrade
 Full Name (Last, First, Middle Initial)
 Mailing Address 3950 Chain Bridge Road Suite 8
 City State Zip Code
 Fairfax VA 22030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Kamen Benefits, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95085
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Matt B. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 Breckenridge Lane, Suite 8
 City State Zip Code
 Louisville KY 40220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Schwartz Insurance Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95413
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. Nicole Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Northwest Pkwy
 City State Zip Code
 San Antonio TX 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Healthcare Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95057
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 124 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ronald E. Seibel
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 317
 City State Zip Code
 Driftwood TX 78619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Benefits Solutions Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95357
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Steven Selinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 28638 Oak Point Drive
 City State Zip Code
 Farmington Hills MI 48331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 679.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95302
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Bruce J. Setlik
 Full Name (Last, First, Middle Initial)
 Mailing Address 17808 Harney St
 City State Zip Code
 Omaha NE 68118-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Community Mutual, Inc. Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94522
 Amount of Each Receipt this Period
 60.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► 132.00
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 125 OF 164
	<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. Daniel Severo			Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95001
Mailing Address 231 Chestnut St. #410			Amount of Each Receipt this Period 30.00
City Meadville	State PA	Zip Code 16335	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer The DJB Group, Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Annette Shaffer			Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94791
Mailing Address 418 South Main Street			Amount of Each Receipt this Period 60.00
City Findlay	State OH	Zip Code 45840	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer Group Benefit Consultants	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Stuart Shapiro			Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94777
Mailing Address PO Box 587			Amount of Each Receipt this Period 40.00
City Wheeling	State IL	Zip Code 60090	Payroll Deduction (\$20.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00	
Name of Employer United Healthcare/SecureHorizons	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 164
	<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. Douglas W Sheffer		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P94898
Mailing Address 110 International Way		Amount of Each Receipt this Period 30.00
City Springfield	State OR	Zip Code 97477
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer PacificSource Health Plans	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. David M. Sherrill		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P94994
Mailing Address 407 Centerpointe Circle, Suite 16		Amount of Each Receipt this Period 30.00
City Altamonte Springs	State FL	Zip Code 32701-
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Sherrill Insurance Brokerage, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Sherrod		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P94964
Mailing Address 5800 Granite Parkway Suite 700		Amount of Each Receipt this Period 30.00
City Plano	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer United Healthcare Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 164
<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. Sean G. Shoemake
Full Name (Last, First, Middle Initial)

Mailing Address 169A Lameuse St

City Biloxi State MS Zip Code 39530

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

Name of Employer Employee Benefit Specialists, P.A. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94950

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

B. Thomas E. Shores
Full Name (Last, First, Middle Initial)

Mailing Address 8596 W Bolsa Ct.

City Boise State ID Zip Code 83709

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

Name of Employer T.A. Shores Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95172

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 1126 Clifton Avenue

City Clifton State NJ Zip Code 07013

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

Name of Employer Executive Benefits Group, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94884

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **157.00**

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 128 OF 164
	<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. Michael John Simmamg
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 E Austin St
 City Giddings State TX Zip Code 78942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Nitsche Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95098
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Douglas Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1277
 City Bloomington State IN Zip Code 47402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hoosier Dental Plans Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95421
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20.00 Monthly)

C. Roger W. Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5518 Hammock Glen Drive
 City Indianapolis State IN Zip Code 46235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Specialized Benefit Plans Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **366.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94544
 Amount of Each Receipt this Period **61.00**
 Payroll Deduction (\$30.50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **111.00**
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 129 OF 164
	<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 C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1012 Alemany Street

City Morrisville State NC Zip Code 27560

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 ▼ 1020.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94702

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$85.00 Monthly)

B. 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 R. W. Garrett Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95353

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 525 Kirkland Way

City Kirkland State WA Zip Code 98033

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

Name of Employer P Smith Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94663

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$20.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 164
	<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. Paul E. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 100 Queen Street

City Southington State CT Zip Code 06489

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

Name of Employer Paul E Smith Insurance, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2125.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95010

Amount of Each Receipt this Period **125.00**

Payroll Deduction
(\$125.00 Monthly)

B. Scott D. Snowden
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lyndon Lane, Suite 101

City Louisville State KY Zip Code 40222

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

Name of Employer Snowden & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95348

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

C. Tamela L. Southan
Full Name (Last, First, Middle Initial)

Mailing Address 101 W. Renner Rd., Ste 160

City Richardson State TX Zip Code 75082

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

Name of Employer Benefit Solutions By Design Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95364

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	197.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Randall Southard
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 487
 City Stokesdale State NC Zip Code 27357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **780.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P94966
 Amount of Each Receipt this Period **65.00**
 Payroll Deduction (\$65.00 Monthly)

B. Sher Sparano
 Full Name (Last, First, Middle Initial)
 Mailing Address 70-20 108th St, #5-0
 City Forest Hills State NY Zip Code 11375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits Advisory Service Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95267
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Richard Blake Spell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3803 North Elm Street
 City Greensboro State NC Zip Code 27455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Healthcare Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95265
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 164
	<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. Anne P. Sperling		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94888
Mailing Address 805 St. Michael's Drive		Amount of Each Receipt this Period 60.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C	Name of Employer Daniels Insurance Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	
		Payroll Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial) B. William Craig Splawn		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95434
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	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	
		Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. Michael Spleet		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94721
Mailing Address 2444 East Hill Rd.		Amount of Each Receipt this Period 84.00
City Grand Blanc	State MI	Zip Code 48439
FEC ID number of contributing federal political committee. C	Name of Employer Franklin Benefit Solutions	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	
		Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	194.00
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 133 OF 164
<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. Jackie L. Spragins
Full Name (Last, First, Middle Initial)

Mailing Address 1300 10th St

City State Zip Code
Wichita Falls TX 76301

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

Name of Employer Occupation
Higginbotham Ins Agency, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16595-P94619

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$50.00 Monthly)

B. Dustin Stacy
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Red Mile Road

City State Zip Code
Lexington KY 40504

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

Name of Employer Occupation
Benefit Insurance Marketing Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P95083

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

c. Zachary Stafford
Full Name (Last, First, Middle Initial)

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code
Baton Rouge LA 70808-6200

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

Name of Employer Occupation
Besselman & Little Agency, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 23 / 2014
Transaction ID : 16596-P94850

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 164
	<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. Delvin L. Stahl
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 388 807 S. Maltby Ave.

City Sutton	State NE	Zip Code 68979
----------------	-------------	-------------------

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

Name of Employer Insurance Plus, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94590

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

B. Eugene Starks
Full Name (Last, First, Middle Initial)

Mailing Address 613 Crescent Circle Suite 201

City Ridgeland	State MS	Zip Code 39157
-------------------	-------------	-------------------

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

Name of Employer Benefit Administration Services, Ltd.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2065.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94554

Amount of Each Receipt this Period
340.00

Payroll Deduction
(\$170.00 Monthly)

C. Peter F. Stehr
Full Name (Last, First, Middle Initial)

Mailing Address 13636 Seward Street

City Omaha	State NE	Zip Code 68154
---------------	-------------	-------------------

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

Name of Employer Peter Stehr Insurance Services, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94700

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	484.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 135 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James R. Stenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8926 Crown Colony Boulevard
 City State Zip Code
 Fort Myers FL 33908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVS Consulting Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94566
 Amount of Each Receipt this Period
 340.00
 Payroll Deduction
 (\$170.00 Monthly)

B. Marilyn A. Stenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8926 Crown Colony Blvd
 City State Zip Code
 Ft. Myers FL 33908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVS Consulting Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1645.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94585
 Amount of Each Receipt this Period
 170.00
 Payroll Deduction
 (\$85.00 Monthly)

C. James R. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Mansell Ct East Suite 400
 City State Zip Code
 Roswell GA 30076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Humana Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94706
 Amount of Each Receipt this Period
 60.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 570.00
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 136 OF 164
	<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. Mary Stephens		Date of Receipt
Mailing Address 2133 Luray Avenue		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cincinnati	OH	45206
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 16596-P95311
Alliance Benefit Group of Ohio	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="240.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$20.00 Monthly)

Full Name (Last, First, Middle Initial) B. Tiffany Stock		Date of Receipt
Mailing Address 3111 C St., Suite 500		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Anchorage	AK	99503
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 16596-P95363
Northrim Benefits Group	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="360.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Julia Beckie Stockstill		Date of Receipt
Mailing Address 125 E. San Augustine		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Deer Park	TX	77536
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 16596-P95178
Stockstill & Associates	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="330.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 137 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Marcie Strouse

Mailing Address 1501 Ingersoll Ave Ste 200

City State Zip Code
 Des Moines IA 50309

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

Name of Employer Occupation
 Prisma Strategies Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16595-P94707

Amount of Each Receipt this Period
 84.00

Payroll Deduction
 (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rodney Stuart

Mailing Address 600 East Carmel Drive Suite 110

City State Zip Code
 Carmel IN 46032

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

Name of Employer Occupation
 Strategic Insurance Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16595-P94724

Amount of Each Receipt this Period
 100.00

Payroll Deduction
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Ashley Sullivan

Mailing Address PO Box 99565

City State Zip Code
 Louisville KY 40299

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

Name of Employer Occupation
 Van Zandt Emrich and Cary Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 23 / 2014
Transaction ID : 16596-P95242

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 214.00

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 138 OF 164
	<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. Audra I. Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 1201 N Watson Rd Ste 287

City Arlington	State TX	Zip Code 76006
-------------------	-------------	-------------------

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

Name of Employer Vogue Insurance Agency, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95019

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 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 ▼ **1625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94603

Amount of Each Receipt this Period

250.00

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 ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95322

Amount of Each Receipt this Period

100.00

Payroll Deduction
 (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 164
	<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. 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 **1200.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95448
 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 Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95390
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

C. Marsha Tellesbo-Kembel
 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 **1020.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95182
 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 140 OF 164
	<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. 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 ▼
1385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95332

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Jeffery C. Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 6200 Reynolds Road

City Jackson	State MI	Zip Code 49201
-----------------	-------------	-------------------

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

Name of Employer Small Business Association of Michigan	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16595-P94604

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Marc Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 111 Center Street, Suite 1410

City Little Rock	State AR	Zip Code 72201
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

Transaction ID : 16596-P95072

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	187.00
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 141 OF 164
	<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. Ryan P. Thorn
Full Name (Last, First, Middle Initial)

Mailing Address 10342 South Springcrest Lane

City South Jordan State UT Zip Code 84095

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

Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94687

Amount of Each Receipt this Period **80.00**

Payroll Deduction **(\$40.00 Monthly)**

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

Mailing Address 2113 West Parkstone Ct

City Meridian State ID Zip Code 83646

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

Name of Employer Tierney Consulting, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94975

Amount of Each Receipt this Period **30.00**

Payroll Deduction **(\$30.00 Monthly)**

C. Rina Tikia
Full Name (Last, First, Middle Initial)

Mailing Address 3525 N. Causeway Blvd., Suite 815

City Metairie State LA Zip Code 70001

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

Name of Employer Tikia Consulting Group, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94999

Amount of Each Receipt this Period **42.00**

Payroll Deduction **(\$42.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **152.00**

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 142 OF 164
	<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. Helen M. Todd		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95312
Mailing Address PO Box 56166		Amount of Each Receipt this Period 30.00
City Little Rock	State AR	Zip Code 72215
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer The Todd Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Margaret S. Tolbert		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94919
Mailing Address 6501 Peake Rd Bld 950		Amount of Each Receipt this Period 30.00
City Macon	State GA	Zip Code 31210
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Tolbert & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Jennifer L. Toups		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94541
Mailing Address #1 Galleria Blvd, Suite 1122		Amount of Each Receipt this Period 170.00
City Metairie	State LA	Zip Code 70001
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Humana	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

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 143 OF 164
	<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 Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94753

Amount of Each Receipt this Period 340.00

Payroll Deduction (\$170.00 Monthly)

B. Brenda Traveller
Full Name (Last, First, Middle Initial)

Mailing Address 1150 Eastland Drive North

City Twin Falls State ID Zip Code 83301

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

Name of Employer Health Plan Partners Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16595-P94772

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$10.00 Monthly)

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

Mailing Address P O Box 7408

City Boise State ID Zip Code 83707

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

Name of Employer Blue Cross of Idaho Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt 12 / 23 / 2014
Transaction ID : 16596-P95270

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 412.00

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

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

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

FOR LINE NUMBER: PAGE 144 OF 164
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Alexis Tucker

Mailing Address 625 Elden Street, Suite 203

City Herndon State VA Zip Code 20191

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

Name of Employer Independent Benefit Services LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16596-P95059

Amount of Each Receipt this Period
300.00

Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Glendae Tuthill

Mailing Address 736 Old Greenville Rd

City Fayetteville State GA Zip Code 30215

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

Name of Employer Benevestco, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : 16596-P95307

Amount of Each Receipt this Period
25.00

Payroll Deduction
 (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Troy Underwood

Mailing Address 3101 Zinfandel Dr. #200

City Rancho Cordova State CA Zip Code 95670-

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

Name of Employer BenefitsCONNECT Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2014

Transaction ID : 16585

Amount of Each Receipt this Period
365.00

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 145 OF 164
	<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. Jean Van Der Sommen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 North River Drive
 City Cumming State GA Zip Code 30041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employer Advisors Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **216.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95176
 Amount of Each Receipt this Period **18.00**
 Payroll Deduction
 (\$18.00 Monthly)

B. Catherine Van Zant
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 Euper Lane P.O. Box 3529
 City Fort Smith State AR Zip Code 72913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown-Hiller-Clark & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94640
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction
 (\$30.00 Monthly)

C. Wendy Vanderwater Bratteli
 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 Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95233
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction
 (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 164
<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. Denise S. Villagran		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94938
Mailing Address 1016 Santa Fe, #205		Amount of Each Receipt this Period 30.00
City Corpus Christi	State TX	Zip Code 78404
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Entrust, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Rand R. Wall		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94542
Mailing Address 12603 Southwest Freeway, Suite 620		Amount of Each Receipt this Period 200.00
City Stafford	State TX	Zip Code 77477
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100.00 Monthly)
Name of Employer Lone Star Health Plans, Ltd.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Doris Waller		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94591
Mailing Address 1778 N. Plano Rd. Suite 310		Amount of Each Receipt this Period 84.00
City Richardson	State TX	Zip Code 75081
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Pan-American Benefits Solutions	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional).....▶	314.00
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 147 OF 164
	<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. Timothy P. Walsh

Mailing Address PO Box 417

City State Zip Code
Hampstead NC 28443

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

Name of Employer Occupation
Advanced Insurance Systems Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94822

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 1212 New York Ave. NW, Ste 1100

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Self Employed Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94750

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Michael S. Ward

Mailing Address 3219 E. Camelback Road #569

City State Zip Code
Phoenix AZ 85018

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

Name of Employer Occupation
Emerging Benefits Consultants, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P95376

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	272.00
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 148 OF 164
	<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. Stephen C. Warner		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95318
Mailing Address 16180 Hwy 7		Amount of Each Receipt this Period 30.00
City Mtna	State MN	Zip Code 55345
FEC ID number of contributing federal political committee.	C	
Name of Employer Warner & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. John L. Warwick		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95148
Mailing Address 1907 B Mangrove Ave.		Amount of Each Receipt this Period 85.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1935.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Lindsey Paige Waters		Date of Receipt 12 / 23 / 2014 Transaction ID : 16595-P94636
Mailing Address 5311 Patterson Ave		Amount of Each Receipt this Period 40.00
City Richmond	State VA	Zip Code 23226
FEC ID number of contributing federal political committee.	C	
Name of Employer First National Brokerage Corp.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction (\$20.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 164
	<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. Robert Watkins
Full Name (Last, First, Middle Initial)

Mailing Address 4205 Hillsboro Road, # 120

City Nashville State TN Zip Code 37215

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

Name of Employer Pancoast Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94860

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 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 Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2040.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16595-P94771

Amount of Each Receipt this Period **340.00**

Payroll Deduction (\$170.00 Monthly)

C. Yolanda Marie Webb
Full Name (Last, First, Middle Initial)

Mailing Address 901 Via Piemonte

City Ontario State CA Zip Code 91710

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

Name of Employer Trinity Financial Partners Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95352

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **395.00**

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 150 OF 164
	<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. Joshua Weinstein
Full Name (Last, First, Middle Initial)

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503-

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94911

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Lynn Charles Wentworth
Full Name (Last, First, Middle Initial)

Mailing Address 137 Executive Drive Suite E

City Madison State MS Zip Code 39110

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

Name of Employer AFLAC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P94995

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Mitchell West
Full Name (Last, First, Middle Initial)

Mailing Address Health Choice One, Attn: Mitch We

City Centennial State CO Zip Code 80111

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

Name of Employer MW Family Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **12 / 23 / 2014**

Transaction ID : 16596-P95062

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 164
	<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 L. Westmoreland
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Cloifview Drive
 City State Zip Code
 Brandon MS 39047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Benefits Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94567
 Amount of Each Receipt this Period
 60.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Cynthia Whaley
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 N. Washington Street Suite A
 City State Zip Code
 Easton MD 21601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avery Hall Benefit Solutions, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16596-P94940
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Robert H. White
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 S 29th W Place
 City State Zip Code
 Tulsa OK 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plan Benefit Analysts of Tulsa, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : 16595-P94688
 Amount of Each Receipt this Period
 84.00
 Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 152 OF 164
	<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. Jimmie Whitmire
Full Name (Last, First, Middle Initial)
Mailing Address 503 Eighth Street
City Wichita Falls State TX Zip Code 76301
FEC ID number of contributing federal political committee. **C**
Name of Employer Whitmire & Whitmire, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94826
Amount of Each Receipt this Period **84.00**
Payroll Deduction (\$42.00 Monthly)

B. David V. Wilcox
Full Name (Last, First, Middle Initial)
Mailing Address 166 River Vista Place
City Twin Falls State ID Zip Code 83301
FEC ID number of contributing federal political committee. **C**
Name of Employer Magic Valley Insurance, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95009
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 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 SeeChange Health Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95232
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **211.00**
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 153 OF 164
<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. George Williams		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16595-P94674
Mailing Address 4109 Woodway Dr.		Amount of Each Receipt this Period 60.00
City Monroe	State LA	Zip Code 71201
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Financial Planning Resources	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Leslie A. Williams		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2014 Transaction ID : 16572-P94269
Mailing Address 1551 E. Cypress Ave., Ste. D		Amount of Each Receipt this Period 30.00
City Redding	State CA	Zip Code 96002
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Leslie A. Williams Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Michael Ross Williams		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P95355
Mailing Address 10040 Regency Circle Ste. 345		Amount of Each Receipt this Period 85.00
City Omaha	State NE	Zip Code 68114
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Williams-Deras & Associates, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 154 OF 164
	<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. Lon G. Wilson
 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 **1020.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94744
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction (\$85.00 Monthly)

B. Paula L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591
 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 **1020.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16595-P94749
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction (\$85.00 Monthly)

C. Steven L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Road
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95439
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 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 155 OF 164
	<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. Thomas R. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 701 Lamar

City State Zip Code
Wichita Falls TX 76301

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

Name of Employer Occupation
Boley Featherston Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
920.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014
Transaction ID : 16596-P95047

Amount of Each Receipt this Period
55.00

Payroll Deduction
(\$55.00 Monthly)

B. Owen W. Wingate
Full Name (Last, First, Middle Initial)

Mailing Address 155 Professional Dr

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation
Wingate Insurance Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014
Transaction ID : 16596-P95017

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Tammy Winn
Full Name (Last, First, Middle Initial)

Mailing Address 9811 S IH 35, Building 1 Suite 100

City State Zip Code
Austin TX 78744

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

Name of Employer Occupation
SWBC Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014
Transaction ID : 16595-P94559

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00

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 156 OF 164
	<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. Shelly K. Winson		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P95094
Mailing Address PO Box 1914		Amount of Each Receipt this Period 30.00
City Chandler	State AZ	Zip Code 85244
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer True Choice Benefits LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Dennis C. Woehler		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P95365
Mailing Address 720 Drexel Dr.		Amount of Each Receipt this Period 30.00
City Evansville	State IN	Zip Code 47712
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Self Employed	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Rosanne Wolfe		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 16596-P95284
Mailing Address PO Box 17236		Amount of Each Receipt this Period 30.00
City Tucson	State AZ	Zip Code 85731
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Wolfe Insurance & Consultants, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 164
	<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. DianaLou Wolff		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94953
Mailing Address 70 Maiden Lane 2nd Floor		Amount of Each Receipt this Period 30.00
City Kingston	State NY	Zip Code 12401
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Benefit Counseling Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. William W. Wong		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P95286
Mailing Address 43 Waverly Place		Amount of Each Receipt this Period 42.00
City San Francisco	State CA	Zip Code 94108
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Bill Wong & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) C. Dennis E. Wright		Date of Receipt 12 / 23 / 2014 Transaction ID : 16596-P94914
Mailing Address 1111 Chestnut Hills Pky		Amount of Each Receipt this Period 85.00
City Fort Wayne	State IN	Zip Code 46814
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Employee Plans, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

SUBTOTAL of Receipts This Page (optional).....▶	157.00
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 158 OF 164
	<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. Carol Wyckoff
Full Name (Last, First, Middle Initial)
Mailing Address 14856 Briggs Street
City Carlisle State IA Zip Code 50047
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercer Voluntary Benefits Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95188
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Luann S. Yarberry
Full Name (Last, First, Middle Initial)
Mailing Address 1300 10th St
City Wichita Falls State TX Zip Code 76301
FEC ID number of contributing federal political committee. **C**
Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95409
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. M. Zachary Zinser
Full Name (Last, First, Middle Initial)
Mailing Address 330 North Evergreen Road, Suite 6
City Louisville State KY Zip Code 40243
FEC ID number of contributing federal political committee. **C**
Name of Employer Zinser Benefit Service, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 23 / 2014**
Transaction ID : 16596-P95096
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	31725.59

**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
Banking Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16616

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Banking Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16617

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Banking Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16618

Amount of Each Disbursement this Period

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

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 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
Banking Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2014

Transaction ID : 16619

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Banking Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : 16625

Amount of Each Disbursement this Period

12.00

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
Banking Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 01 / 2014

Transaction ID : 16615

Amount of Each Disbursement this Period

1544.54

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

1564.49

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 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. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement Banking Fee

001

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2014			

Transaction ID : 16614

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

B. Stripe Inc.

Mailing Address Wells Fargo Bank

City Walnut Creek State CA Zip Code 94598

Purpose of Disbursement Merchant Fee

001

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2014			

Transaction ID : 16620

Amount of Each Disbursement this Period

1.75

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

13.75

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

1918.11

**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. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
12/8 Local Event

011

Category/
Type

Candidate Name

THOM R TILLIS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : 16581

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1000.00

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Stefanie L. Burcham

Mailing Address 4638 Chambliss Ave

City Knoxville State TN Zip Code 37919

Purpose of Disbursement
contribution refunded

010

Candidate Name

Stefanie L. Burcham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 26 / 2014

Transaction ID : 16579

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Thomas E. Snell

Mailing Address P.O. Box 818 310 N. Horner Blvd.

City Sanford State NC Zip Code 27331

Purpose of Disbursement
contribution refunded

010

Candidate Name

Thomas E. Snell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2014

Transaction ID : 16624

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

80.00

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

80.00