

**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"/>		<input type="text" value="156950.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="131576.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="62455.13"/>	<input type="text" value="96675.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="194031.48"/>	<input type="text" value="253626.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56168.62"/>	<input type="text" value="115763.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="137862.86"/>	<input type="text" value="137862.86"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	30877.00	35602.00
(ii) Unitemized	31578.09	61073.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	62455.09	96675.18
(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)	62455.09	96675.18
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	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.04	0.09
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))..... ▶	62455.13	96675.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	62455.13	96675.27

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	1918.62	3513.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1918.62	3513.32
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	112000.00
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	250.00	250.00
(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)).....	250.00	250.00
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56168.62	115763.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56168.62	115763.32

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)	62455.09	96675.18
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62205.09	96425.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1918.62	3513.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1918.62	3513.32

**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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Suzetta Alberts

Mailing Address 201W. Fort Street, Mail Code 7969

City Detroit	State MI	Zip Code 48226-
-----------------	-------------	--------------------

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

Name of Employer Comerica Insurance Services, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 15470

Amount of Each Receipt this Period
175.00

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

Mailing Address 201W. Fort Street, Mail Code 7969

City Detroit	State MI	Zip Code 48226
-----------------	-------------	-------------------

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

Name of Employer Comerica Insurance Services, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15564-P84275

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 3000 A Street, Suite 400

City Anchorage	State AK	Zip Code 99503-
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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 ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : 15428

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<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. Terry Allard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **614.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : 15551
 Amount of Each Receipt this Period **289.00**

B. Terry Allard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : 15732-P84482
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction **(\$100.00 Monthly)**

C. Elizabeth Ashmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79423-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ashmore & Associates Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **490.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : 15564-P84188
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction **(\$170.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **559.00**
TOTAL This Period (last page this line 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 55
	<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. Bruce D. Benton
Full Name (Last, First, Middle Initial)

Mailing Address 17200 Ventura Blvd Suite 312

City Encino	State CA	Zip Code 91361
----------------	-------------	-------------------

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 ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15564-P84287

Amount of Each Receipt this Period

170.00

Payroll Deduction
 (\$170.00 Monthly)

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

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis	State IN	Zip Code 46220-
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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 ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02	/	09	/	2014

Transaction ID : 15434

Amount of Each Receipt this Period

125.00

C. 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 ▼ **295.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15564-P84187

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 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 9 OF 55
	<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. Thomas Besselman

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

City Baton Rouge	State LA	Zip Code 70808
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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 ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15732-P84427

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Brian Bodner

Mailing Address 2003 Jericho Turnpike

City New Hyde Park	State NY	Zip Code 11040-
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FEC ID number of contributing federal political committee. **C**

Name of Employer First National Administrators	Occupation General Agent
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2014
Transaction ID : 15504

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
c. Nedra Dealene Boggs

Mailing Address P O Box 13389

City Jackson	State MS	Zip Code 39236-
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FEC ID number of contributing federal political committee. **C**

Name of Employer Regions Insurance, Inc.	Occupation Broker
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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
 02 / 26 / 2014
Transaction ID : 15586

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line 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 55
	<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. Tonya S. Booth
 Full Name (Last, First, Middle Initial)
 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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2014
Transaction ID : 15552
 Amount of Each Receipt this Period
300.00

B. Victoria J. Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 5726 Fairley Hall Court
 City Norcross State GA Zip Code 30092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Braden Benefit Strategies, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2014
Transaction ID : 15564-P83975
 Amount of Each Receipt this Period
250.00
 Payroll Deduction
 (\$250.00 Monthly)

C. Raymond Buza
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 East Lakewood Road
 City West Palm Beach State FL Zip Code 33405-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palm Beach Insurance Advisory Group, Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **205.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2014
Transaction ID : 15487
 Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional).....	725.00
TOTAL This Period (last page this line 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 55
	<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. Raymond F. Buza
Full Name (Last, First, Middle Initial)

Mailing Address 214 East Lakewood Road

City West Palm Beach State FL Zip Code 33405

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

Name of Employer Palm Beach Insurance Advisory Group, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt **02 / 25 / 2014**

Transaction ID : 15732-P84747

Amount of Each Receipt this Period **30.00**

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

B. Kareim 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 ▼ **210.00**

Date of Receipt **02 / 20 / 2014**

Transaction ID : 15523

Amount of Each Receipt this Period **125.00**

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 ▼ **295.00**

Date of Receipt **02 / 25 / 2014**

Transaction ID : 15564-P84132

Amount of Each Receipt this Period **85.00**

Payroll Deduction **(\$85.00 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 12 OF 55
	<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. Daryl Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 200 W Vine Street Ste 300

City Lexington	State KY	Zip Code 40507-
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FEC ID number of contributing federal political committee. **C**

Name of Employer BB&T Insurance Services, Inc.	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15581

Amount of Each Receipt this Period
200.00

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

Mailing Address 200 W Vine Street Ste 300

City Lexington	State KY	Zip Code 40507
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FEC ID number of contributing federal political committee. **C**

Name of Employer BB&T Insurance Services, Inc.	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15732-P84566

Amount of Each Receipt this Period
15.00

Payroll Deduction
(\$15.00 Monthly)

C. Russell Childers
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1547

City Americus	State GA	Zip Code 31709-
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FEC ID number of contributing federal political committee. **C**

Name of Employer Russ Childers, CLU	Occupation Broker
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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
 02 / 25 / 2014
Transaction ID : 15580

Amount of Each Receipt this Period
150.00

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 13 OF 55
	<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

Mailing Address PO Box 1547

City State Zip Code
Americus GA 31709

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

Name of Employer Occupation
Russ Childers, CLU Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2014
Transaction ID : 15732-P84437

Amount of Each Receipt this Period
90.00

Payroll Deduction
(\$90.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd., Suite 400

City State Zip Code
Novi MI 48375-

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

Name of Employer Occupation
Health Alliance Administrators Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014
Transaction ID : 15478

Amount of Each Receipt this Period
125.00

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

Mailing Address 39500 High Pointe Blvd., Suite 400

City State Zip Code
Novi MI 48375

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

Name of Employer Occupation
Health Alliance Administrators Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2014
Transaction ID : 15732-P84624

Amount of Each Receipt this Period
85.00

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 14 OF 55
	<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. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15564-P84043

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

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

Mailing Address 2965 Alt. 19 North

City Palm Harbor	State FL	Zip Code 34683-
---------------------	-------------	--------------------

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

Name of Employer Alltrust Insurance	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15562

Amount of Each Receipt this Period
200.00

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

Mailing Address 2965 Alt. 19 North

City Palm Harbor	State FL	Zip Code 34683
---------------------	-------------	-------------------

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

Name of Employer Alltrust Insurance	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15732-P84742

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line 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 55
	<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. 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 ▼ 390.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84389
 Amount of Each Receipt this Period 120.00
 Payroll Deduction (\$120.00 Monthly)

B. Teresa 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 ▼ 217.00

Date of Receipt 02 / 10 / 2014
Transaction ID : 15451
 Amount of Each Receipt this Period 175.00

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 ▼ 259.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84541
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 337.00
TOTAL This Period (last page this line 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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Russell Dixon

Mailing Address PO Box 27

City Wheaton State IL Zip Code 60187-

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 ▼ **202.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : 15515

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
B. Russell R. Dixon

Mailing Address PO Box 27

City Wheaton State IL Zip Code 60187-

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 ▼ **229.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : 15732-P84788

Amount of Each Receipt this Period
27.00

Payroll Deduction
 (\$27.00 Monthly)

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

Mailing Address 26240 Wacker Dr.

City Chesterfield Twp. State MI Zip Code 48051-

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

Name of Employer Comerica Insurance Services, Inc. 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
02 / 07 / 2014

Transaction ID : 15418

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....	327.00
TOTAL This Period (last page this line 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 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 26240 Wacker Dr.

City Chesterfield Twp. State MI Zip Code 48051

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

Name of Employer Comerica Insurance Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : 15732-P84786

Amount of Each Receipt this Period
170.00

Payroll Deduction
 (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jeffrey Fishback

Mailing Address 736 Johnson Ferry Road Building C

City Marietta State GA Zip Code 30068-

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : 15570

Amount of Each Receipt this Period
300.00

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

Mailing Address 131-6 Courtland Avenue

City Stamford State CT Zip Code 06902-

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

Name of Employer Find Medicare Plans Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : 15491

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	595.00
TOTAL This Period (last page this line 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 55
	<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 B. Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City Stamford State CT Zip Code 06902-

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

Name of Employer Find Medicare Plans Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **02 / 25 / 2014**

Transaction ID : 15732-P84477

Amount of Each Receipt this Period **100.00**

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

B. Joy Gardner
Full Name (Last, First, Middle Initial)

Mailing Address 9424 Double R Blvd

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **02 / 25 / 2014**

Transaction ID : 15575

Amount of Each Receipt this Period **175.00**

c. Joy K. Gardner
Full Name (Last, First, Middle Initial)

Mailing Address 9424 Double R Blvd

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **80.00**

Date of Receipt **02 / 25 / 2014**

Transaction ID : 15564-P83988

Amount of Each Receipt this Period **40.00**

Payroll Deduction **(\$40.00 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 19 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Donald W. Goldmann		Date of Receipt MM / DD / YYYY 02 / 26 / 2014 Transaction ID : 15585
Mailing Address 721 South Parker Suite 300		Amount of Each Receipt this Period 5000.00
City Orange	State CA	Zip Code 92868-
FEC ID number of contributing federal political committee. C	Name of Employer Word and Brown	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Michael Gomes		Date of Receipt MM / DD / YYYY 02 / 19 / 2014 Transaction ID : 15481
Mailing Address 4851 LBJ Freeway, Suite 1100		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75244-
FEC ID number of contributing federal political committee. C	Name of Employer BenefitMall	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Sylvia Gordon		Date of Receipt MM / DD / YYYY 02 / 10 / 2014 Transaction ID : 15449
Mailing Address 20236 Hague Rd		Amount of Each Receipt this Period 350.00
City Noblesville	State IN	Zip Code 46062
FEC ID number of contributing federal political committee. C	Name of Employer Gordon Marketing	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).....▶	6350.00
TOTAL This Period (last page this line 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 55
	<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. A. Andra Grava
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 E. McDermott
 City State Zip Code
 Allen TX
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ameritas General Agent
 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
 02 / 11 / 2014
Transaction ID : 15457
 Amount of Each Receipt this Period
 1000.00

B. Patricia A. Griffey
 Full Name (Last, First, Middle Initial)
 Mailing Address 53800 Generations Drive
 City State Zip Code
 South Bend IN 46635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Page 1 Benefits, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : 15519
 Amount of Each Receipt this Period
 125.00

C. Patricia A. Griffey
 Full Name (Last, First, Middle Initial)
 Mailing Address 53800 Generations Drive
 City State Zip Code
 South Bend IN 46635-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Page 1 Benefits, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15732-P84335
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1210.00
TOTAL This Period (last page this line 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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)
A. Teresa Gutierrez

Mailing Address 12833 River Dance Dr.

City Raleigh	State NC	Zip Code 27613-
-----------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15566

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Teresa Gutierrez

Mailing Address 12833 River Dance Dr.

City Raleigh	State NC	Zip Code 27613
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15732-P84619

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Holly Hanson

Mailing Address 503 N. Main St., Ste 107LL

City Pueblo	State CO	Zip Code 81003-
----------------	-------------	--------------------

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

Name of Employer Benefits Broker	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
 02 / 17 / 2014
Transaction ID : 15475

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line 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 55
	<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 Harte		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 Transaction ID : 15415
Mailing Address 20 Mary E. Clark Drive,#10		Amount of Each Receipt this Period 125.00
City Hampstead	State NH	Zip Code 03841-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Landmark Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 Transaction ID : 15416
Mailing Address 20 Mary E. Clark Drive,#10		Amount of Each Receipt this Period 1875.00
City Hampstead	State NH	Zip Code 03841-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1875.00
Name of Employer Landmark Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. William Hepscher		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 Transaction ID : 15417
Mailing Address 38176 Medical Center Avenue		Amount of Each Receipt this Period 125.00
City Zephyrhills	State FL	Zip Code 33540-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer The Canadian Drugstore	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
TOTAL This Period (last page this line 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 55
	<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 ▼ 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15732-P84800

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

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

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 ▼ 217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15732-P84522

Amount of Each Receipt this Period
 42.00

Payroll Deduction
 (\$42.00 Monthly)

C. Cerrina Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Venture Oaks Way #240

City Sacramento State CA Zip Code 95833-

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

Name of Employer Armstrong & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15564-P84035

Amount of Each Receipt this Period
 42.00

Payroll Deduction
 (\$42.00 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 24 OF 55
	<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 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 ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 15419

Amount of Each Receipt this Period
0

B. David 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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 15420

Amount of Each Receipt this Period
125.00

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 ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : 15732-P84774

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line 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 55
	<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. Angela Kiani
 Full Name (Last, First, Middle Initial)
 Mailing Address 6040 S. 58th St., # E
 City Lincoln State NE Zip Code 68516-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lincoln Financial Management, LLC 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
 02 / 19 / 2014
Transaction ID : 15483
 Amount of Each Receipt this Period
365.00

B. William Kite
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 629
 City Roanoke State VA Zip Code 24004-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer D&S Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15554
 Amount of Each Receipt this Period
1500.00

C. 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 **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15564-P84232
 Amount of Each Receipt this Period
50.00
 Payroll Deduction
 (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	1915.00
TOTAL This Period (last page this line 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 55
	<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. Maurice Lyons
Full Name (Last, First, Middle Initial)

Mailing Address 301 Madison Avenue, 4th Floor

City	State	Zip Code
New York	NY	10017-

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

Name of Employer	Occupation
The Medical Link, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15563

Amount of Each Receipt this Period

150.00

B. Maurice Lyons
Full Name (Last, First, Middle Initial)

Mailing Address 301 Madison Avenue, 4th Floor

City	State	Zip Code
New York	NY	10017

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

Name of Employer	Occupation
The Medical Link, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15732-P84860

Amount of Each Receipt this Period

250.00

Payroll Deduction
 (\$250.00 Monthly)

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

Mailing Address 230 South Bemiston Avenue Ste 900

City	State	Zip Code
Clayton	MO	63105-

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

Name of Employer	Occupation
MRCT Benefits Plus	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
02	/	10	/	2014

Transaction ID : 15450

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 A. Major-Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 540034
 City State Zip Code
 Lake Worth FL 33454-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VMB Solutions Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2014
Transaction ID : 15589
 Amount of Each Receipt this Period
 200.00

B. Lisa Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Franklin Rd SW
 City State Zip Code
 Roanoke VA 24016-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 D&S Agency 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
 02 / 08 / 2014
Transaction ID : 15429
 Amount of Each Receipt this Period
 365.00

C. Dwane McFerrin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8420 West Dodge Road Suite 510
 City State Zip Code
 Omaha NE 68114-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Senior Market Sales, Inc. 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
 02 / 19 / 2014
Transaction ID : 15488
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 930.00
TOTAL This Period (last page this line 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 28 OF 55
	<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. Griffin Meredith
Full Name (Last, First, Middle Initial)
Mailing Address 550 South 5th Street, Unit 303

City Louisville	State KY	Zip Code 40202-
--------------------	-------------	--------------------

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

Name of Employer The Benefits Firm	Occupation Insurance Broker
---------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15567

Amount of Each Receipt this Period
150.00

B. Griffin L. Meredith
Full Name (Last, First, Middle Initial)
Mailing Address 550 South 5th Street, Unit 303

City Louisville	State KY	Zip Code 40202-
--------------------	-------------	--------------------

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

Name of Employer The Benefits Firm	Occupation Insurance Broker
---------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : 15732-P84305

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Donald S Mucci
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Alliant Avenue

City Louisville	State KY	Zip Code 40299-
--------------------	-------------	--------------------

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

Name of Employer Garrett-Stotz Company	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
02	/	26	/	2014

Transaction ID : 15583

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	1235.00
TOTAL This Period (last page this line 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 55
	<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. Erin Nevins

Mailing Address 1717 Central Avenue Suite 202

City Albany State NY Zip Code 12205-

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

Name of Employer EP Nevins Insurance Agency Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **02 / 20 / 2014**

Transaction ID : 15518

Amount of Each Receipt this Period **350.00**

Full Name (Last, First, Middle Initial)
B. Edward Oleksiak

Mailing Address 12712 Park Central Drive Suite 100

City Dallas State TX Zip Code 75251-

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

Name of Employer Holmes Murphy & Assoc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 06 / 2014**

Transaction ID : 15413

Amount of Each Receipt this Period **1000.00**

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

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 ▼ **225.00**

Date of Receipt **02 / 03 / 2014**

Transaction ID : 15400

Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... **1475.00**

TOTAL This Period (last page this line 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 55
	<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. 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 **325.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : 15564-P84238
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction **(\$100.00 Monthly)**

B. Jesse 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 **600.00**

Date of Receipt **02 / 08 / 2014**
Transaction ID : 15430
 Amount of Each Receipt this Period **250.00**

C. 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 **950.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : 15732-P84435
 Amount of Each Receipt this Period **350.00**
 Payroll Deduction **(\$350.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **700.00**
TOTAL This Period (last page this line 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 55
	<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 G. Polenzani
 Full Name (Last, First, Middle Initial)
 Mailing Address 3452 E. Foothill Blvd. #514
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84752
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Susan Rash
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 West Laburnum Avenue, Suite
 City Richmond State VA Zip Code 23227-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Benefit Consultants of Virginia, Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15579
 Amount of Each Receipt this Period 150.00

C. Susan Maley Rash
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 West Laburnum Avenue, Suite
 City Richmond State VA Zip Code 23227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Benefit Consultants of Virginia, Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84776
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	490.00
TOTAL This Period (last page this line 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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

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 ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2014
Transaction ID : 15489

Amount of Each Receipt this Period
125.00

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

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 ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2014
Transaction ID : 15490

Amount of Each Receipt this Period
0

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

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 ▼
295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15732-P84359

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 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 33 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph K. Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82nd St., #B
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Financial Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15564-P84286
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. 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 ▼ 340.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84801
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

C. Raymer M. Sale
 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 Benefits Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84686
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00
TOTAL This Period (last page this line 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 55
	<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. Chad 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 Market Director
---------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	06	/	2014

Transaction ID : 15412

Amount of Each Receipt this Period

125.00

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 Market Director
---------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	25	/	2014

Transaction ID : 15732-P84908

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Lynn Schreder
Full Name (Last, First, Middle Initial)

Mailing Address 130 North 25th Street

City Fort Dodge	State IA	Zip Code 50501-
--------------------	-------------	--------------------

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

Name of Employer KHI Financial Solutions	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	25	/	2014

Transaction ID : 15578

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional).....▶	385.00
TOTAL This Period (last page this line 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 55
	<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. Gregory J. Seifert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 189 916 Main Street
 City Vancouver State WA Zip Code 98666-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Biggs Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84715
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Jeff Smedsrud
 Full Name (Last, First, Middle Initial)
 Mailing Address 18467 Nicklaus Way
 City Eden Prairie State MN Zip Code 55347-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independence Holding Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15560
 Amount of Each Receipt this Period 350.00

C. Paul 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 ▼ 250.00

Date of Receipt 02 / 13 / 2014
Transaction ID : 15463
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 645.00
TOTAL This Period (last page this line 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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. 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 ▼ 375.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84429
 Amount of Each Receipt this Period 125.00
 Payroll Deduction (\$125.00 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 ▼ 245.00

Date of Receipt 02 / 09 / 2014
Transaction ID : 15447
 Amount of Each Receipt this Period 125.00

C. Eugene A 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 ▼ 365.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15564-P84097
 Amount of Each Receipt this Period 120.00
 Payroll Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	370.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 55
	<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. James R. Stenger
Full Name (Last, First, Middle Initial)

Mailing Address 8926 Crown Colony Boulevard

City Fort Myers	State FL	Zip Code 33908-
--------------------	-------------	--------------------

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

Name of Employer MVS Consulting Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	25	/	2014

Transaction ID : 15564-P84227

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Marilyn Stenger
Full Name (Last, First, Middle Initial)

Mailing Address 8926 Crown Colony Blvd

City Ft. Myers	State FL	Zip Code 33908-
-------------------	-------------	--------------------

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

Name of Employer MVS Consulting	Occupation Broker
------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	01	/	2014

Transaction ID : 15399

Amount of Each Receipt this Period
125.00

C. Marilyn A. Stenger
Full Name (Last, First, Middle Initial)

Mailing Address 8926 Crown Colony Blvd

City Ft. Myers	State FL	Zip Code 33908
-------------------	-------------	-------------------

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

Name of Employer MVS Consulting	Occupation Broker
------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	25	/	2014

Transaction ID : 15564-P83979

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 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 38 OF 55
	<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. Heidi Sterner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2724 North Tenaya Way Suite 100

City Las Vegas	State NV	Zip Code 89128-
-------------------	-------------	--------------------

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

Name of Employer UnitedHealthcare Plan of NV Sierra He	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
 02 / 06 / 2014
Transaction ID : 15414

Amount of Each Receipt this Period
 365.00

B. Heidi Sterner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2724 North Tenaya Way

City Las Vegas	State NV	Zip Code 89128-
-------------------	-------------	--------------------

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

Name of Employer UHC Nevada	Occupation Sales
--------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : 15529

Amount of Each Receipt this Period
 175.00

C. James 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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : 15528

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	665.00
TOTAL This Period (last page this line 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 55
	<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. 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 ▼ **375.00**

Date of Receipt **02 / 25 / 2014**

Transaction ID : 15564-P84006

Amount of Each Receipt this Period **125.00**

Payroll Deduction **(\$125.00 Monthly)**

B. Julia A Teplis
Full Name (Last, First, Middle Initial)

Mailing Address 3970 Sentry Crossing NE

City Marietta State GA Zip Code 30068-

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

Name of Employer Teplis Financial Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 09 / 2014**

Transaction ID : 15442

Amount of Each Receipt this Period **300.00**

C. 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 ▼ **340.00**

Date of Receipt **02 / 25 / 2014**

Transaction ID : 15564-P84183

Amount of Each Receipt this Period **170.00**

Payroll Deduction **(\$170.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **595.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 55
	<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. Ron Upshaw
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Rt 148

City Marion State IL Zip Code 62959-

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

Name of Employer Blue Cross/ Blue Shield IL Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 10 / 2014
Transaction ID : 15452

Amount of Each Receipt this Period 365.00

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

Mailing Address 100 Executive Drive

City West Orange State NJ Zip Code 07052-

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

Name of Employer AxisPointe Benefit Advisors Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 18 / 2014
Transaction ID : 15479

Amount of Each Receipt this Period 350.00

C. Charles A. Webb
Full Name (Last, First, Middle Initial)

Mailing Address 15 S. 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 ▼ 340.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 15732-P84578

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 885.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55
	<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. 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 ▼ 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15564-P84025
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Sherrie Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 13224 Twilight Trail Place, N. E.
 City Albuquerque State NM Zip Code 87111-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williams Sales & Services, LLC 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
 02 / 21 / 2014
Transaction ID : 15533
 Amount of Each Receipt this Period 300.00

C. Thomas Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boley Featherston Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 15573
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line 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 55
	<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 ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2014
Transaction ID : 15732-P84805

Amount of Each Receipt this Period
55.00

Payroll Deduction
(\$55.00 Monthly)

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

Mailing Address PO Box 17236

City State Zip Code
Tucson AZ 85731-

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

Name of Employer Occupation
Wolfe Insurance & Consultants, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2014
Transaction ID : 15732-P84655

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	30877.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Merchant Fee

001

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2014

Transaction ID : 15712

Amount of Each Disbursement this Period

491.99

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 Merchant Fee

001

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2014

Transaction ID : 15711

Amount of Each Disbursement this Period

1426.63

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

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)..... ▶

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

1918.62

1918.62

**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. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
TOH Reception

011

Candidate Name

KATHY CASTOR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2014

Transaction ID : 15617

Amount of Each Disbursement this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement
2.12 Lunch

011

Candidate Name

CHRISTOPHER A COONS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2014

Transaction ID : 15404

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. COFFMAN FOR CONGRESS 2012

Mailing Address 9249 SOUTH BROADWAY #200-501

City HIGHLANDS RANCH State CO Zip Code 80129

Purpose of Disbursement
TOH Reception

011

Candidate Name

MICHAEL COFFMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2014

Transaction ID : 15609

Amount of Each Disbursement this Period

2,000.00

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

5,000.00

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

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**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. CONNOLLY FOR CONGRESS

Mailing Address 3706 PRADO PLACE

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
TOH Reception

011

Candidate Name

GERRY CONNOLLY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 15512

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
2.11 Lunch

011

Candidate Name

DIANE L MRS. BLACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : 15410

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DUNCAN D. HUNTER FOR CONGRESS

Mailing Address 9340 FUERTE DRIVE SUITE 302

City State Zip Code
LA MESA CA 91941

Purpose of Disbursement
Nov. Makeup

011

Candidate Name

DUNCAN D. HUNTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : 15408

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FLEMING FOR CONGRESS

Mailing Address P.O. BOX 1236

City MINDEN State LA Zip Code 71058

Purpose of Disbursement
TOH Reception

011

Candidate Name

JOHN C MR. JR. FLEMING

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2014

Transaction ID : 15610

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN MAFFEI

Mailing Address PO BOX 230

City SYRACUSE State NY Zip Code 13201

Purpose of Disbursement
2.11.14 Breakfast

011

Candidate Name

DANIEL BENJAMIN MR. MAFFEI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : 15403

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement
TOH Reception

011

Candidate Name

DENNIS ALAN ROSS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 15499

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
TOH Reception

011

Candidate Name

ELIZABETH ESTY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 15506

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SUSAN BROOKS

Mailing Address 9333 N MERIDIAN STREET

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement
TOH Reception

011

Candidate Name

SUSAN MRS. BROOKS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2014

Transaction ID : 15616

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. GEORGE HOLDING FOR CONGRESS

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
TOH Reception

011

Candidate Name

GEORGE E. B. MR. HOLDING

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2014

Transaction ID : 15615

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. ISSA FOR CONGRESS

Mailing Address PO BOX 760

City VISTA State CA Zip Code 92085

Purpose of Disbursement
2.11 Dinner

011

Candidate Name

DARRELL ISSA

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 49

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 15406

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. JEFF FORTENBERRY FOR UNITED STATES CONGRESS

Mailing Address PO BOX 30265

City LINCOLN State NE Zip Code 68503

Purpose of Disbursement
In District Event 2.2014

011

Candidate Name

JEFFREY FORTENBERRY

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 15496

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
1.28 Breakfast

011

Candidate Name

KEVIN MCCARTHY

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 15409

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. LEE TERRY FOR CONGRESS

Mailing Address PO BOX 540098

City OMAHA State NE Zip Code 68154

Purpose of Disbursement
TOH Reception

011

Candidate Name

LEE TERRY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : 15503

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MARK POCAN FOR CONGRESS

Mailing Address 309 N BALDWIN ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement
TOH Reception

011

Candidate Name

MARK POCAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : 15510

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement
1.28 Lunch

011

Candidate Name

DORIS MATSUI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : 15407

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement
TOH Reception

011

Candidate Name

PAUL DAVID TONKO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 15509

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PERLMUTTER FOR CONGRESS

Mailing Address 3440 YOUNGFIELD STREET

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement
TOH Reception

011

Candidate Name

EDWIN G PERLMUTTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2014

Transaction ID : 15612

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
TOH Reception

011

Candidate Name

PETE SESSIONS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2014

Transaction ID : 15613

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. PITTENGER FOR CONGRESS LLC

Mailing Address PO BOX 470848

City CHARLOTTE State NC Zip Code 28247

Purpose of Disbursement
TOH Reception

011

Candidate Name

ROBERT M PITTENGER

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2014

Transaction ID : 15614

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement
2.24 Dinner

011

Candidate Name

RENEE JACISIN ELLMERS

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

Transaction ID : 15521

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROGER WILLIAMS FOR U S CONGRESS COMMITTEE

Mailing Address P.O. BOX 91061

City AUSTIN State TX Zip Code 78709

Purpose of Disbursement
TOH Reception

011

Candidate Name

ROGER WILLIAMS

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2014

Transaction ID : 15500

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

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**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. SCOTT RIGELL FOR CONGRESS

Mailing Address 915 FIRST COLONIAL ROAD

City VIRGINIA BEACH State VA Zip Code 23454

Purpose of Disbursement
TOH Reception

011

Category/
Type

Candidate Name

EDWARD SCOTT MR. RIGELL

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 15498

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement
Feb.12 lunch

011

Category/
Type

Candidate Name

JOHN CORNYN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2014

Transaction ID : 15455

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TITUS FOR CONGRESS

Mailing Address PO BOX 72454

City LAS VEGAS State NV Zip Code 89170

Purpose of Disbursement
TOH Reception

011

Category/
Type

Candidate Name

DINA TITUS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 15513

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
TOH Reception

011

Category/
Type

Candidate Name

JACKIE (SWIHART) WALORSKI

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : 15497

Amount of Each Disbursement this Period

2000.00

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)..... ▶

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

2000.00

54000.00

**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. Norman Joseph Michaels

Mailing Address 23 Lily Pond La

City State Zip Code
Katonah NY 10536

Purpose of Disbursement
contribution refunded

010

Category/
Type

Candidate Name

Norman Joseph Michaels

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
02 / 18 / 2014

Transaction ID : 15713

Amount of Each Disbursement this Period

250.00

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)..... ▶

250.00

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

250.00